

MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE MCGARVIN • Clerk • 248-3277

AGENDA OF
MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS
FOR THE WEEK OF
July 4 - 8, 1988

Monday, July 4, 1988 - OFFICES CLOSED

Tuesday, July 5, 1988 - 9:30 AM - Planning Items . . . Page 2
and Formal Briefing

Tuesday, July 5, 1988 - 1:30 PM - Informal Meeting . . Page 3
2:00 PM - Executive Session

Thursday, July 7, 1988 - 9:30 AM - MEETING CANCELLED

Tuesday, July 5, 1988 - 9:30 AM

Multnomah County Courthouse, Room 602

PLANNING AGENDA AND FORMAL BRIEFING

Decisions of the Planning Commission of June 13, 1988

A The following Decisions are reported to the Board for acceptance and implementation by Board Order:

HV 6-88 Approve, subject to conditions, requested front yard variance, thereby allowing a ten-foot reduction in the required 20-foot front yard setback for a residential addition that continues an existing building line; Deny requested two-foot fence height variance that would allow an existing six-foot high fence to remain within 15 feet of the front property line, all based upon findings and conclusions, at property at 10211 SE Mitchell Street

CU 10-88 Approve, subject to conditions, conditional use request for a single family residence not in conjunction with farm use in an EFU-76 zoning district, for property at 34150 NE Chamberlain Road

REGULAR AGENDA

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-1 Orders accepting deeds for Public Road Purposes from the following:
- a) C. Miles Barnette III - N.E. Houston Road
 - b) Phyllis T. Stewart - S.W. Englewood Drive
 - c) Ver Lee M. Chapman - S.E. 132nd Avenue
 - d) Phyllis T. Stewart - S.W. 8th Drive

DEPARTMENT OF GENERAL SERVICES

- R-2 Order in the matter of the Cancellation of Certain Warrants Heretofore Issued by Multnomah County more than Seven (7) Years Prior to July 1, 1988, and not Heretofore presented for Payment

BOARD BRIEFING

Briefing by the Emergency Medical Services staff on the recommendations of the Emergency Medical Services Policy Board, followed by Public Hearing concerning the following areas:

- a) Ambulance Service Area Plan
- b) Request for Credentials - 9-1-1 Emergency Ambulance Contracts
- c) Request for Proposals - 9-1-1 Emergency Ambulance Contracts
- d) Costing Definitions

Public Testimony will be taken.

Tuesday, July 5, 1988 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Bids and Requests for Proposals:
a) Commercial Linen/Garment & Industrial Laundry Service
2. Monthly Library Update - Sarah Long
3. Presentation of the Audit Follow-up Report - Anne Kelly Feeney

2:00 PM - Executive Session

Labor Negotiations (if needed) - Ken Upton (allowed by ORS 192.660
(1)(d))

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Friday, 6:00 P.M., Channel 27 for Rogers Multnomah East subscribers

Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

0397C.1-4



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
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July 5, 1988

Ms. Lorna Stickel, Planning Director
Division of Planning & Development
2115 SE Morrison
Portland, OR

Dear Ms. Stickel:

Be it remembered, that at a meeting of the Board of County Commissioners held July 5, 1988, the following action was taken:

In the matter of the Decisions of the Planning)
Commission of June 13, 1988, Cases HV 6-88;)
CU 10-88)

There being no notice of review before the Board for the above-entitled matters and the Board not wanting to review the matter on its own motion, upon motion of Commissioner Casterline, duly seconded by Commissioner Anderson, it is unanimously

ORDERED that said Decisions, including findings, conclusions and conditions be adopted and implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: County Engineer
Assessment & Taxation



MULTNOMAH COUNTY OREGON

Clarke's Copy
7/5/88 A.M.

DEPARTMENT OF ENVIRONMENTAL SERVICES
DIVISION OF PLANNING
AND DEVELOPMENT
2115 S.E. MORRISON STREET
PORTLAND, OREGON 97214
(503) 248-3047

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

BOARD OF COUNTY COMMISSIONERS

Tuesday, July 5, 1988

9:30 a.m., Room 602

A G E N D A

The following Decisions are reported to the Board for acceptance and implementation by Board Order:

HV 6-88

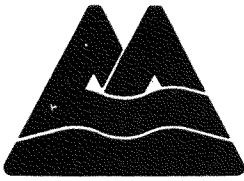
Approve, subject to conditions, requested front yard variance, thereby allowing a ten-foot reduction in the required 20-foot front yard setback for a residential addition that continues an existing building line

Deny, subject to conditions, requested two-foot fence height variance that would allow an existing six-foot high fence to remain within 15 feet of the front property line, all based upon the following Findings and Conclusions.

CU 10-88

Approve, subject to conditions, conditional use request for a single family residence not in conjunction with farm use in an EFU-76 zoning district, based on the following Findings and Conclusions.

0876P



MULTNOMAH COUNTY OREGON

Department of Environmental Services/Division of Planning and Development/2115 S.E. Morrison St./Portland, Oregon 97214 • 248-5270

DECISION OF THE
MULTNOMAH COUNTY PLANNING COMMISSION

Meeting of June 13, 1988

IN THE MATTER OF:

HV 6-88, #418

Front and Side Yard Variances
(Single Family Residence with Chain-Link Fence)

Applicant requests a ten-foot reduction in the required 20-foot front yard setback to allow a residential addition that continues an existing ten-foot front yard setback. Applicant further requests a two-foot fence height variance to allow existing six-foot high fence to remain within 15 feet of the front property line.

Location: 10211 SE Mitchell Street
Legal: Lot 10, Blk. 2, Walden Park
1987 Assessor's Map
Site Size: 64' x 142.5'
Size Requested: Same
Property Owner: Lloyd Cedarquist
10211 SE Mitchell Street, 97266

Applicant: Wally Greiner, c/o Greiner Design and Associates
437 SE 85th Avenue, 97216

Comprehensive Plan: Single Family Residential

Present Zoning: LR-7, Urban Low Density Residential District
Minimum lot size of 7,000 square feet for one dwelling

PLANNING COMMISSION
DECISION #1:

Approve, subject to conditions, requested front yard variance, thereby allowing a ten-foot reduction in the required 20-foot front yard setback for a residential addition that continues an existing building line

DECISION #2:

Deny, subject to conditions, requested two-foot fence height variance that would allow an existing six-foot high fence to remain within 15 feet of the front property line, all based upon the following Findings and Conclusions.

BOARD OF
COUNTY COMMISSIONERS
1988 JUN 23 PM 3:01
MULTNOMAH COUNTY
OREGON

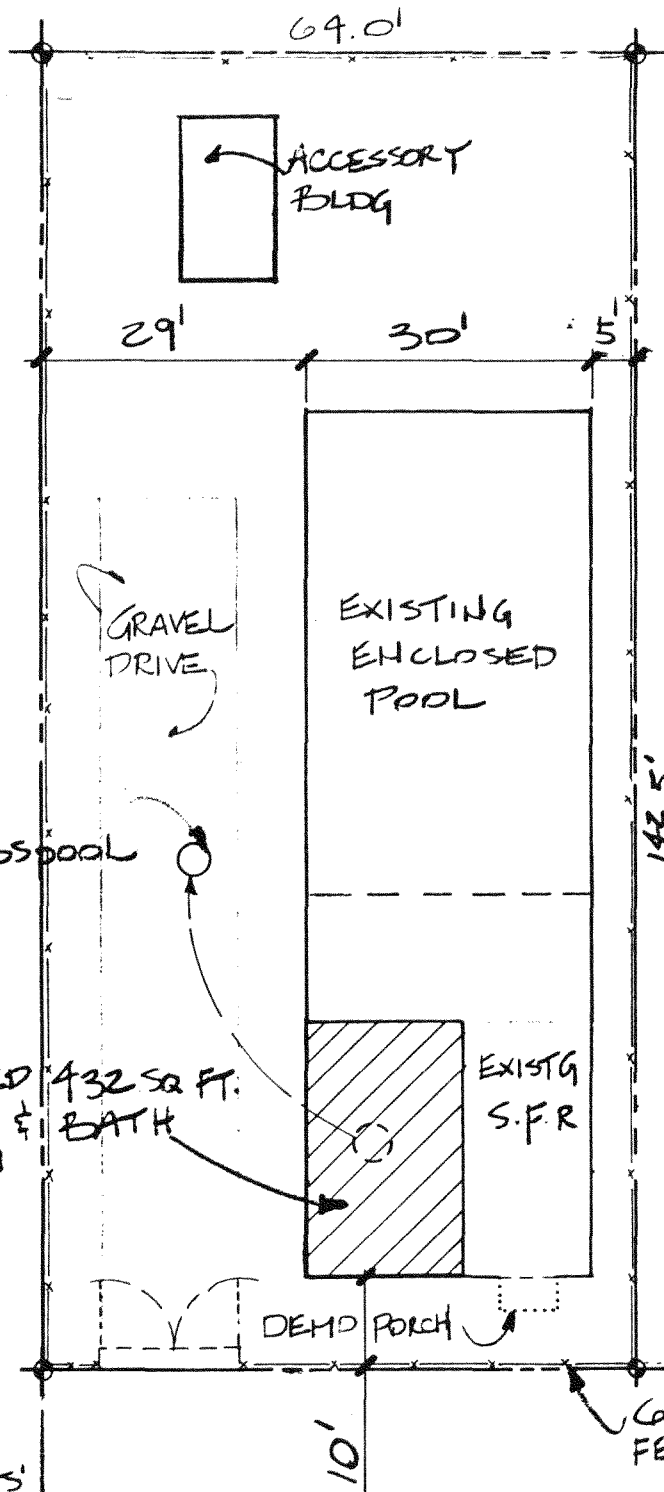
NOTE: Underscoring denotes maps within which the subject property appears.

NOTE: Underscoring denotes maps within which the subject property appears.

LA-7

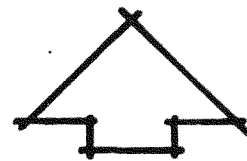
LR-7.

3540



NOTE: DRAWING HAS BEEN
REDUCED / ENLARGED
(NOTED SCALE WILL NOT APPLY)

LEGAL
LOT: 10 BLOCK 2
'WALDEN PARK'
CITY OF PORTLAND
MULTNOMAH CO.
OREGON
MAP # 3541

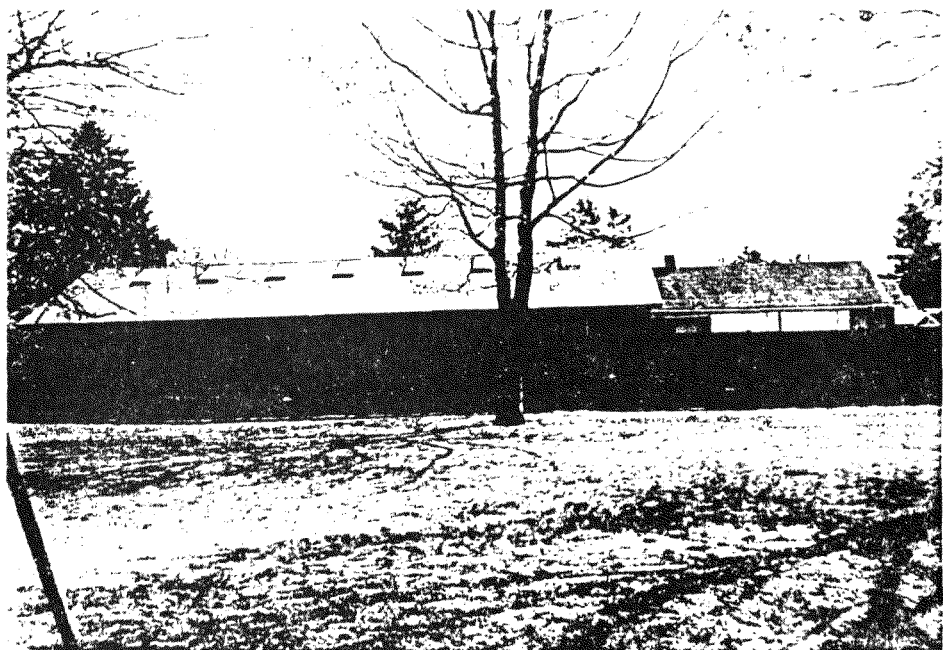
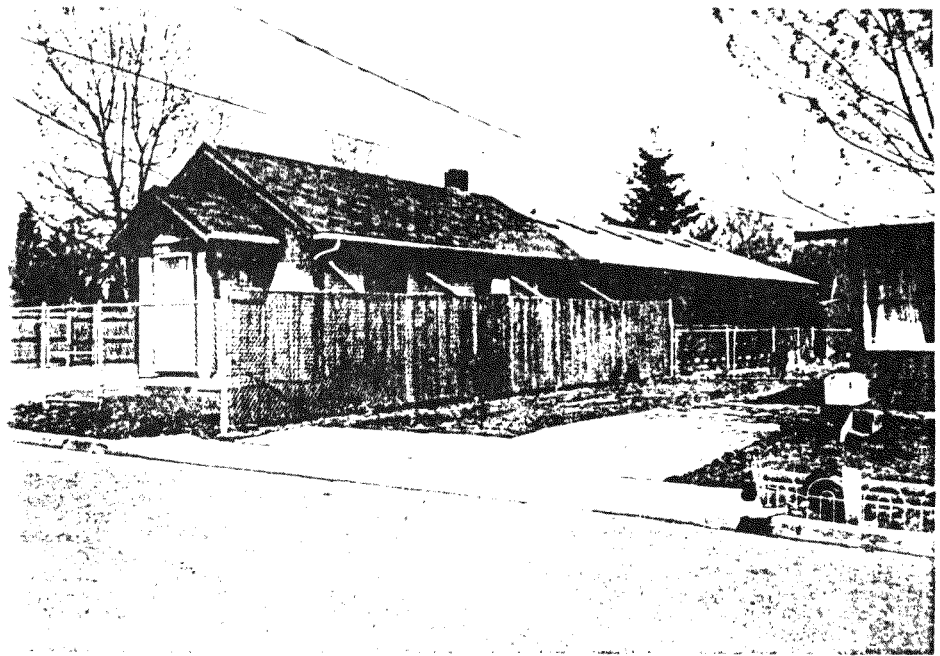
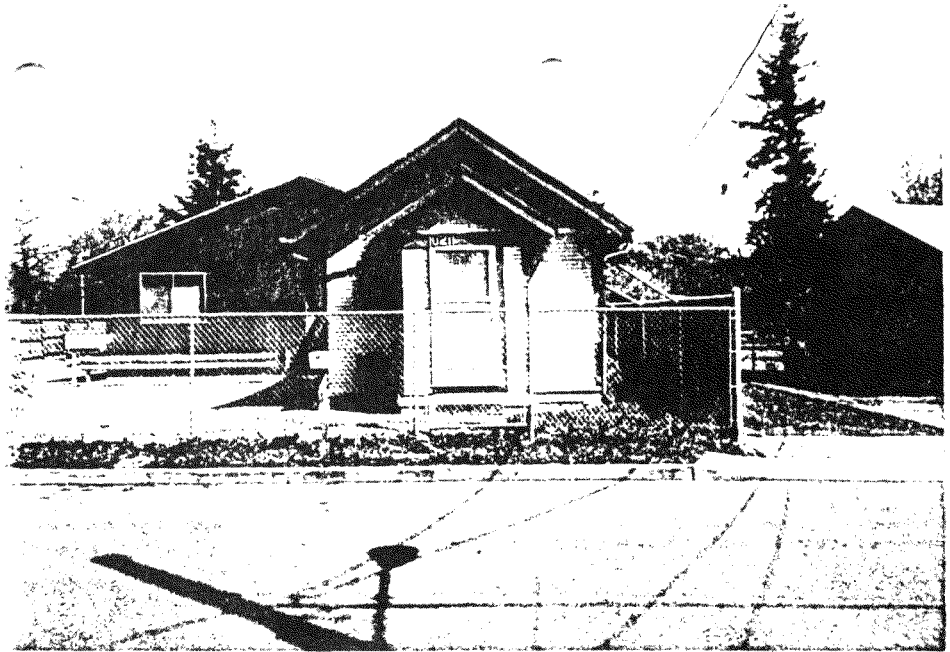


'BLOOMINGTON'
CITY PARK

STREET 'DEAD ENDS'
INTO PARK
WITH NO CUL-DE-SAC

SITE PLAN

SCALE 1" = 20'



Conditions of Approval.

1. The height of the existing chain-link fence shall be reduced to a maximum of four feet on the front property line and on the east property line for a distance of 15 feet of the front property line.
2. If the owner decides not to build the addition, the height of the fence shall be reduced to a maximum of four feet for all portions of the fence located within 15 feet of the present front property line.
3. Reduction of the height of the existing fence, in compliance with either Condition No. 1. or Condition No. 2, shall occur within 60 days from the date that this Decision becomes final.
4. This variance shall be void if no substantial construction or substantial expenditure of funds occurs on the subject property within 18 months after the date that this Decision becomes final.

Findings of Fact.

1. Applicant's Proposal:

- a. The owner proposes to construct a 432-square foot living room and bathroom addition to an existing single family residence on the subject property. The owner also proposes to alter the residence by removing an existing porch which would result in a total front yard setback of ten feet. The proposed addition would also have a ten-foot front yard setback, since it would continue the front building line as altered. The proposed ten-foot yard setback is 50% less than the 20-foot setback required by the Zoning Code.
- b. The owner also wishes to keep a six-foot high chain-link fence that is located along the front and side property lines. The Zoning Code allows a maximum of four feet for any fence located within 15 feet of a front property line.

2. Site and Vicinity Information.

- a. The subject property is located on the north side of SE Mitchell Street, approximately 600 feet west of SE 104th Avenue. Land to the north, east and south is fully developed with single family residences. The Portland City Limits follow the west line of the subject property; Bloomington Park occupies a 9.55-acre tract immediately west of the subject property. SE Mitchell Street terminates at the west edge of the subject property and the east edge of the park. Land to the north, east and south of the site is zoned LR-7, urban low density residential district. Land to the west, in the City of Portland, is zoned (OS) R-5, single family residential district.

- b. According to information from the Assessment and Taxation Division, the original house on the subject property was built in 1922. Permit records indicate that a foundation was approved in 1963, a bedroom was added in 1985, a swimming pool was added in 1986 and the pool was enclosed in 1987. Excluding a storage shed on the rear portion of the site, existing buildings cover a total ground floor area of approximately 2,300 square feet. The proposed addition would increase the total ground floor area of all structures to 2,730 square feet, excluding the storage shed.
- c. Information furnished by the applicant does not indicate when the existing chain-link fence was constructed. However, the Planning Division received a zoning violation complaint on March 15, 1988. At that time, the complainant alleged that the fence had been recently constructed along the front and side property lines. A site inspection was conducted on the property, and the property owner was notified on April 15, 1988 that the fence needed to be reduced to a height of four feet within 15 feet of the front property line. The application for the subject variance was filed on April 26, 1988.

3. Ordinance Considerations

- a. The minimum front yard setback in the LR-7, low-density residential district is 20 feet [MCC 11.15.2616(H)]. The owner requests a variance to allow a 10-foot front yard setback for a residential addition. The requested variance is 50 percent of the applicable dimensional requirement.
- b. The maximum height for any fence located within 15 feet of a front property line in any low-density residential district is four feet [MCC 11.15.2480(F)]. The owner requests a variance in order to keep a six-foot tall fence that he has already erected along the front and side property lines. The requested variance is 50 percent of the applicable deminsional requirement.
- c. The requested variances are both major variances because they each in excess of 25 percent of the applicable dimensional requirements [MCC 11.15.8515(A)]. Pursuant to MCC 11.15.8505(A), a major variance shall be granted only when all of the following criteria are met:
 - (1) A circumstance or condition applies to the property or to the intended use that does not apply generally to other property in the same vicinity or district. The circumstances or condition may relate to the size, shape, natural features and topography of the property or the location or size of physical improvements on the site or the nature of the use compared to surrounding uses.
 - (2) The zoning requirement would restrict the use of the subject property to a greater degree than it restricts other properties in the vicinity or district.

- (3) The authorization of the variance will not be materially detrimental to the public welfare or injurious to property in the vicinity or district in which the property is located, or adversely affect the appropriate development of adjoining properties.
- (4) The granting of the variance will not adversely affect the realization of the Comprehensive Plan nor will it establish a use which is not listed in the underlying zone.

4. Compliance with Ordinance Criteria--Front Yard Variance

- a. Unusual Circumstances: The existing residence on the subject property was built in 1922. Based on information furnished by the applicant, the residence, including the porch that is proposed to be removed, is approximately six feet from the front property line. Based on a review of available county aerial photography and map information, most other residences in the vicinity along SE Mitchell Street appear to be at least 20 feet from the property line, unlike the house on the subject property. Thus, the location of the existing residence on the site is a condition that does not apply generally to other properties in the vicinity.
- b. Restricted Use of Property: Based on information provided by the applicant, as well as county records, the existing single-family residence is relatively small in floor area, containing a total of 658 square feet. The applicant has stated that an unnecessary hardship would result if the proposed addition were required to be set back 20 feet from the front property line instead of 10 feet like the existing residence. In addition to generally having front yard setbacks of 20 feet or more, other houses in the vicinity appear to be larger in overall floor area. The smaller floor area and the smaller front yard setback for the existing residence on the subject property appear to limit the ways in which the residence can be expanded and still provide a suitable arrangement of rooms. For these reasons, adherence to a 20 foot front yard setback for the proposed addition would restrict the use of the subject property to a greater degree than occurs with other properties within the vicinity.
- c. Effect on Public Welfare or Surrounding Property:
 - (1) As pointed out by the applicant, the proposed addition would face towards a city park, and is located on a street that dead-ends at that park. The proposed addition will be no closer to the front property line than the existing house. In fact, removal of the existing front porch will make the entire structure four feet further from the property line than is presently the case. The proposed addition will not be perceptible to properties to the north or east.

- (2) Based on a review of the request by the County Engineer, the addition that would be allowed by approval of the variance would not adversely affect automobile traffic in SE Mitchell Street. However, the County Engineer has determined that in order to facilitate the safe movement of pedestrians to and from the park, a five-foot sidewalk should be provided along the front of the subject property. In order to allow adequate room for a sidewalk. The existing right-of-way in SE Mitchell Street is 40 feet. If the street were a through street in this vicinity, the standard right-of-way width would be 50 feet, resulting in a five-foot dedication requirement. However, since the street dead-ends at the park, the County Engineer has determined that the two-foot dedication required by Condition 1.a. will be sufficient to provide for the sidewalk.
- (3) Presently, there is a chain-link fence located along the front line of the subject property. If a two foot right-of-way dedication is made in accordance with Condition 1.a., the fence would be in the public right-of-way. Therefore, it will be necessary to remove the existing fence and relocate it so that no portion of the fence lies within the public right-of-way after the two foot dedication is made.

D. Effect on Realization of Comprehensive Plan:

Approval of the front yard setback variance will not adversely affect the realization of the Comprehensive Plan. The right-of-way dedication and sidewalk required by Condition 1.a. and 1.b. will further the realization of the Comprehensive Plan by improving pedestrian access to the park. Approval of the variance will not establish a use that is not listed in the LR-7 zone. The use of the subject property is, and will continue to be, a single-family residence, which is listed as a primary use in the LR-7 district.

5. Compliance with Ordinance Criteria--Fence Height Variance

- a. Unusual Circumstances: There are no circumstances or conditions that warrant approval of the variance for the existing six-foot fence located within 15 feet of the front property line. The applicant states that the six-foot fence is necessary to prevent children from getting near the swimming pool on the property, but the pool is completely enclosed. Since the pool is more than 15 feet from the front property line, it would still be possible to provide the six-foot fence around the pool without any need for a height variance.
- b. Restricted Use of Property: The applicant has not presented any evidence that the four foot height limit for fences located within 15 feet of a front property line would restrict the use of the subject property to any greater degree than that height limit restricts other properties in the vicinity. A fence for any other property in the vicinity would have to meet the same height limit requirement.

- c. Detriment to Public Welfare or Surrounding Property: The existing six-foot fence located within 15 feet of the front property line was constructed in violation of the zoning ordinance. The property owner has been advised by the County that there is a zoning violation and that the violation must be corrected. It would be detrimental to the public welfare to authorize a variance which would have the effect of legitimizing a zoning violation. Since the fence would have to be relocated in any case, in order to comply with Condition 1.b., it may as well be reconstructed in accordance with the height limitations prescribed in the zoning ordinance.
- d. Effect on Comprehensive Plan: The variance would not affect the realization of the Comprehensive Plan since the Plan designates the area single-family residential.

Conclusions.

- 1. As indicated by finding #4, the applicant has demonstrated substantial compliance with the approval criteria for a major variance with respect to the request for a reduction in the required front-yard setback for the proposed addition to the residence.
- 2. The applicant has not demonstrated compliance with the approval criteria for a major variance with respect to the request to maintain an existing fence that is six feet in height in an area located within 15 feet of the front property line.

Signed June 13, 1988

By *Ruth Spetter, sc*
Ruth Spetter, Chairman

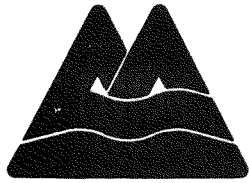
June 23, 1988
Filed with the Clerk of the Board

Appeal to the Board of County Commissioners

Any person who appears and testifies at the Planning Commission hearing, or who submits written testimony in accord with the requirements on the prior Notice, and objects to their recommended decision, may file a Notice of Review with the Planning Director on or before 9:00 a.m. on Tuesday, July 5, 1988 on the required Notice of Review Form which is available at the Planning and Development Office at 2115 SE Morrison Street.

The Decision in this item will be reported to the Board of County Commissioners for review at 9:30 a.m. on Tuesday, July 5, 1988 in Room 602 of the Multnomah County Courthouse. For further information call the Multnomah County Division of Planning and Development at 248-5270.

DP/0862P



MULTNOMAH COUNTY OREGON

Department of Environmental Services/Division of Planning and Development/2115 S.E. Morrison St./Portland, Oregon 97214 • 248-5270

DECISION OF THE MULTNOMAH COUNTY PLANNING COMMISSION

Meeting of June 13, 1988

IN THE MATTER OF:

CU 10-88, #640

Conditional Use Request
(Non-Resource Related Single Family Residence)

Applicant requests conditional use approval to develop a 1.75-acre Lot of Record in the Exclusive Farm Use district with a non-resource related single family residence.

Location: 34150 NE Chamberlain Road

Legal: That portion of Tax Lot '16' lying south of NE Chamberlain Road, Section 28, 1N-4E
1987 Assessor's Map

Site Size: 1.5 to 2.0 Acres (Approximately)

Property Owner: Larry Broeckel
2428 NE 39th Avenue, 97212

Applicant: Frank A. Windust, Jr., c/o Oregon Realty Company
36039 East Crown Point Highway, Corbett, 97019

Comprehensive Plan: Exclusive Farm Use

Present Zoning: EFU, Exclusive Farm Use District
Minimum lot size as Specified by this Chapter
SEC, Area of Significant Environmental Concern District

PLANNING COMMISSION

DECISION: Approve, subject to conditions, conditional use request for a single family residence not in conjunction with farm use in an EFU-76 zoning district, based on the following Findings and Conclusions.

Conditions:

Prior to the issuance of development permits, the owner shall

1. record with the Division of Records and Elections a statement that the owner and the successors in interest acknowledge the rights of owners of nearby properties to conduct accepted farming practices.
2. satisfy any requirements of the US Forest Service regarding residential development of the property.

Findings of Fact:

1. Applicant's Proposal:

The applicant requests Planning Commission approval to develop the above described 3.40 acre lot of record with a non-farm related single family dwelling.

2. Ordinance Considerations:

A. Conditional use approval of a non-farm residence in the EFU district requires the applicant to demonstrate that the dwelling on the lot as proposed:

- (1) Is compatible with farm uses described in ORS 215.203 and is consistent with the intent and purposes set forth in ORS 215.-243;
- (2) Does not interfere seriously with accepted farming practices, as defined in ORS 215.203, on adjacent lands devoted to farm use;
- (3) Does not materially alter the stability of the overall land use pattern of the area;
- (4) Is situated upon generally unsuitable land for the production of farm crops and livestock considering the terrain, adverse soil and land conditions, drainage and flooding, vegetation, location and size of the tract;
- (5) Complies with subparts (1), (2), and (3) of MCC .2010(A) if constructed off-site;

- (6) Complies with such other conditions as Planning Commission considers necessary to satisfy the purposes of MCC .2002;
- (7) Construction shall comply with the standards of the Building Code or as prescribed under ORS 445.002 through 446.200, related to mobile homes;
- (8) The dwelling shall be attached to a foundation for which a building permit has been obtained;
- (9) The dwelling shall have a minimum floor area of 600 square feet.

B. ORS 215.203 defines farm use as:

"The current employment of land for the primary purpose of obtaining a profit in money by raising, harvesting and selling crops or by the feeding, breeding, management and sale of, or the produce of, livestock, poultry, fur-bearing animals or honey bees or for dairying and the sale of dairy products or any other agricultural or horticultural use or animal husbandry or any combination thereof. 'Farm Use' includes the preparation and storage of the products raised on such land for men's use and animal use and disposal by marketing or otherwise."

C. The intent and purpose of ORS 215.243 is stated as follows:

- (1) Open land used for agricultural use is an efficient means of conserving natural resources that constitute an important physical, social, aesthetic and economic asset to all of the people of this state whether living in rural, urban or metropolitan areas of the state.
- (2) The preservation of a maximum amount of the limited supply of agricultural land is necessary to the conservation of the state's economic resources, and the preservation of such land in large blocks is necessary in maintaining the agricultural economy of the state and for the assurance of adequate, healthful and nutritious food for the people of the state and nation.
- (3) Expansion of urban development into rural areas is a matter of public concern because of the unnecessary increases in costs of community services, conflicts between farm and urban activities and the loss of open space and natural beauty around urban activities and the loss of open space and natural beauty around urban centers occurring as the result of such expansion.

- (4) Exclusive Farm Use zoning, as provided by law, substantially limits alternatives to the use of rural land and, with the importance of rural lands to the public, justifies incentives and privileges offered to encourage owners of rural lands to hold such lands in exclusive farm use zones.

D. "Accepted farming practices" is defined by ORS 215.203 2.c. as:

"A mode of operation that is common to farms of a similar nature, necessary for the operation of such farms to obtain a profit for money, and customarily utilized in conjunction with farm use."

3. Site and Vicinity Characteristics.

This property is a Lot of Record located on the south side of NE Chamberlain Road approximately one mile northeasterly of the intersection with NE Mershon Road. Properties on the south side of NE Chamberlain Road raise steeply to the south, whereas those on the north side are level, forming Chamberlain Bench.

The agricultural activity in this area has historically occurred on Chamberlain Bench. There has been no such activity on the escarpment to the south of that Bench. The predominant soil of the property is Haplumbrepts which has an Agricultural Capacity Classification of VI, indicating that it is not suited for agricultural production.

This property lacks the potential to be combined with any adjacent properties within the EFU zone to create a logical agricultural management unit. All surrounding properties are either of the same soil type or are currently developed with rural residential single family uses. Development of this property with a non-resource related single family residence will not conflict with those resource activities that are separated by NE Chamberlain Road to the north, nor those separated by the escarpment and topographic difference to the south.

Conclusions:

1. The proposed non-farm residence will be in conformance with the applicable provisions of MCC .2012(B)(3) and MCC .2020.
2. The applicant has carried the burden necessary for the granting of approval for a single-family residence not in conjunction with farm use in an Exclusive Farm Use zoning district.

Signed June 13, 1988

By *Ruth Spetter, pc*
Ruth Spetter, Chairperson

June 23, 1987
Filed with the Clerk of the Board

Appeal to the Board of County Commissioners

Any person who appears and testifies at the Planning Commission hearing, or who submits written testimony in accord with the requirements on the prior Notice, and objects to their recommended decision, may file a Notice of Review with the Planning Director on or before 9:00 a.m. on Tuesday, July 5, 1988 on the required Notice of Review Form which is available at the Planning and Development Office at 2115 SE Morrison Street.

The Decision in this item will be reported to the Board of County Commissioners for review at 9:30 a.m. on Tuesday, July 5, 1988 in Room 602 of the Multnomah County Courthouse. For further information call the Multnomah County Division of Planning and Development at 248-5270.

BH/0863P

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date 7/5/88
Agenda No. R-1a

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Deed/Order for Dedicated Street Puroses
Informal Only* _____ (Date) _____ Formal Only X _____ (Date)

DEPARTMENT Environmental Services DIVISION Transportation

CONTACT Dick Howard *DWA* TELEPHONE 3599

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY

N.E. HOUSTON ROAD/ITEM No. 88-188

Deed of Dedication from C. Miles Barnette III for dedicated street purposes.

Order Accepting Deed conveying property for dedicated street purposes.

ACTION REQUESTED:

/ INFORMATION ONLY / PRELIMINARY APPROVAL / POLICY DIRECTION X APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

/ PERSONNEL

/ FISCAL/BUDGETARY

/ General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: [Signature]

BUDGET/PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

3706V

1988 JUN 28 AM 11:09
CLERK OF
COUNTY COMMISSIONER
MULTI-COUNTY
COUNTY
OREGON

TO
R/E/2
7/18/88

88-119A

1
5/16/

7/5/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS - MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-119 ACCEPT DEED FOR PUBLIC ROAD FROM C. MILES BARNETTE III - NE HOUSTON RD
Item 88-188

R-1a

DEED TO BE RECORDED



PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 20 PM 1:28

MULTNOMAH COUNTY
OREGON

7/5/88

RECEIVED FROM

JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-119 ACCEPT DEED FOR PBULIC ROAD FRM C. MILES BARNETTE III - NE HOUSTON RD
Item 88-188

R-1a

DEED TO BE RECORDED

OREGON
MULTNOMAH COUNTY
1988 JUL 20 PM 2:38

BOARD OF
COUNTY COMMISSIONERS

Cathy Kramer

7/5/88

RECEIVED FROM

JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-119 ACCEPT DEED FOR PUBLIC ROAD FROM C. MILES BARNETTE III - NE HOUSTON RD
Item 88-188

R-1a

056680

DEED TO BE RECORDED

056681



BOARD OF
COUNTY COMMISSIONERS
1988 JUL 28 AM 11:39
MULTNOMAH COUNTY
OREGON

07-26-88

2 0001

56680

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38102

A

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of the Acceptance of a Deed)
from C. Miles Barnette III Granting to)
Multnomah County a Perpetual Easement)
for Public Road Purposes)
_____)

ORDER ACCEPTING DEED #88-119 A
TO PROPERTY FOR
PUBLIC ROAD PURPOSES

N.E. HOUSTON ROAD
(E. of Little Page Road)
Item 88-188

It appearing to the Board at this time that, pursuant to a land use proceeding, C. Miles Barnette III has tendered to Multnomah County a deed to the property hereinafter described, for Public road purposes; and

It further appearing that the County does not at this time desire said property for the establishment of a County road, but that the premises are suitable as a public road, and that the Director of the Department of Environmental Services has recommended that said premises be accepted for use as a public road, but not as a County road;

NOW, THEREFORE, IT IS HEREBY ORDERED that the deed of C. Miles Barnette III, conveying to Multnomah County the following described property, situated in the County of Multnomah, State of Oregon, to-wit:

A parcel of land situated in the southeast one-quarter of Section 35, T1N, R4E, W.M., Multnomah County, Oregon, described as follows:

The north 5.00 feet of Lot 10, HOUSTON ACRES, a duly recorded plat recorded on June 8, 1910, in Book 517, Pages 57-58, Plat Records of Multnomah County, Oregon.

Containing 1,650 square feet, more or less.

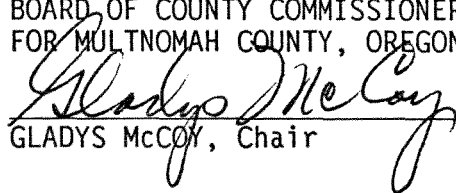
As shown on attached map marked Exhibit "A", and hereby made a part of this document.

ORDER ACCEPTING DEED
N.E. Houston Road
Item 88-188
Page 2

be accepted by the County and placed of record, in the County of Multnomah, State of Oregon, for use as a public road, but that the premises not be accepted for use as a County road at this time.

(SEAL)
July 5, 1988

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


GLADYS MCCOY, Chair

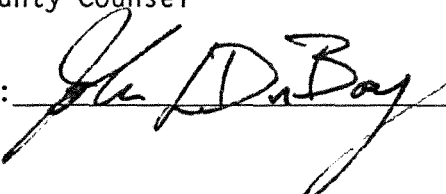
APPROVED:

LARRY F. NICHOLAS, P.E.
County Engineer

By: 

APPROVED AS TO FORM:

LAURENCE KRESSEL
County Counsel

By: 

0088W/0710W

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date 7/5/88
Agenda No. R-16

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Deed/Order for Dedicated Street Purposes

Informal Only* _____
(Date)

Formal Only X _____
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Dick Howard *DHW*

TELEPHONE 3599

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY

S.W. ENGLEWOOD DRIVE/ITEM 88-78

Deed of Dedication from Phyllis T. Stewart for dedicated street purposes.

Order Accepting Deed conveying property for dedicated purposes.

ACTION REQUESTED:

/ INFORMATION ONLY / PRELIMINARY APPROVAL / POLICY DIRECTION /X APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

/ PERSONNEL

/ FISCAL/BUDGETARY

/ General Fund

Other _____

*To R/E/2
7/18/88*

BOARD OF
COUNTY COMMISSIONERS
1988 JUN 28 AM 11:09
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: *[Signature]*

BUDGET/PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) *[Signature]*

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of the Acceptance of a Deed)
from Phyllis T. Stewart Granting to)
Multnomah County a Perpetual Easement)
for Public Road Purposes)

ORDER ACCEPTING DEED #88-120 A
TO PROPERTY FOR
PUBLIC ROAD PURPOSES

S.W. ENGLEWOOD DRIVE
Item 88-78
LD 1-87

It appearing to the Board at this time that, pursuant to a land use proceeding, Phyllis T. Stewart has tendered to Multnomah County a deed to the property hereinafter described, for Public road purposes; and

It further appearing that the County does not at this time desire said property for the establishment of a County road, but that the premises are suitable as a public road, and that the Director of the Department of Environmental Services has recommended that said premises be accepted for use as a public road, but not as a County road;

NOW, THEREFORE, IT IS HEREBY ORDERED that the deed of Phyllis T. Stewart, conveying to Multnomah County the following described property, situated in the County of Multnomah, State of Oregon, to-wit:

A strip of land 5.00 feet in width for additional right-of-way being northeasterly adjacent and contiguous to the northeasterly right-of-way line of S.W. Englewood Drive, REPLAT OF ENGLEWOOD, in Section 33, T1S, R1E, W.M., Multnomah County, Oregon, being more particularly described as follows, to-wit:

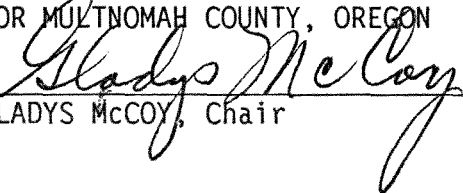
Beginning at the southeast corner of Lot 26, REPLAT OF ENGLEWOOD; thence N 44°55'33" E (Record N 44°53' E), along the southeasterly boundary of said Lot 26, 5.00 feet to a 5/8" iron rod; thence northwesterly along a curve to the left on a curve which is concentric with and 5.00 feet distant when measured radially to the northeasterly right-of-way line of said SW Englewood Drive; said curve has a radius of 375.00 feet thru a central angle of 44°49'34", a distance of 293.39 feet and terminates at a 5/8" iron rod; thence leaving said concentric line, S 0°03'54" W, 5.00 feet to a point in the northerly right-of-way line of said S.W. Englewood Drive; thence southeasterly on a curve to the right having a radius of 370.00 feet thru a central angle of 44°49'35", a distance of 289.47 feet to the place of beginning.

ORDER ACCEPTING DEED
S.W. Englewood Drive
Item 88-78
LD 1-87
Page 2

be accepted by the County and placed of record, in the County of Multnomah, State of Oregon, for use as a public road, but that the premises not be accepted for use as a County road at this time.

(SEAL)
July 5, 1988

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


GLADYS McCOY, Chair

APPROVED:

LARRY F. NICHOLAS, P.E.
County Engineer

By: 

APPROVED AS TO FORM:

LAURENCE KRESSEL
County Counsel

By: 

0088W/0627W

7/05/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-120 ACCEPT DEED FOR PUBLIC RD FRM PHYLLIS T STEWART - SW ENGLEWOOD DRIVE
Item 88-78/LD 1-87

R-1b

DEED TO BE RECORDED

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 20 PM 1:28

MULTNOMAH COUNTY
OREGON

7/05/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-120 ACCEPT DEED FOR PUBLIC RD FRM PHYLLIS T STEWART - SW ENGLEWOOD DRIVE
Item 88-78/LD 1-87

R-1b

DEED TO BE RECORDED

MULTNOMAH COUNTY
OREGON
1988 JUL 20 PM 2:38

Cathy Kramer

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

7/05/88

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS - MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-120 ACCEPT DEED FOR PUBLIC RD FRM PHYLLIS T STEWART - SW ENGLEWOOD DRIVE
Item 88-78/LD 1-87

R-1b

056678

DEED TO BE RECORDED

056679



BOARD OF
COUNTY COMMISSIONERS

1988 JUL 28 AM 11:39

MULTNOMAH COUNTY
OREGON

07-26-88

2 0001.

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DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 7/5/88
Agenda No. R-1C

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: DEED/ORDER for DEDICATED STREET PURPOSES

2
5161

Informal Only* _____
(Date)

Formal Only X _____
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Dick Howard *DWH*

TELEPHONE 3599

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY

S.E. 132nd AVENUE/ITEM 88-201

Deed of Dedication from Ver Lee M. Chapman for dedicated street purposes.

Order Accepting Deed conveying property for dedicated street purposes.

ACTION REQUESTED:

/ INFORMATION ONLY / PRELIMINARY APPROVAL / POLICY DIRECTION /X APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

/ PERSONNEL

/ FISCAL/BUDGETARY

/ General Fund

Other _____

To
R/E/2
7/18/88

BOARD OF
COUNTY COMMISSIONERS
1988 JUN 28 AM 11:09
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: *DWH* *Paul G. ...*

BUDGET/PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) *Paul D. ...*

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

7/05/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-121 ACCEPT DEEDFOR PUBLIC ROAD FRM VER LEE CHAPMAN - SE 132nd AVE
ITEM 88-201

R-1c

DEED TO BE RECORDED

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 20 PM 1: 28

MULTNOMAH COUNTY
OREGON

7/05/88

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS - MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-121 ACCEPT DEEDFOR PUBLIC ROAD FRM VER LEE CHAPMAN - SE 132nd AVE
ITEM 88-201

R-1c

DEED TO BE RECORDED

1988 JUL 20 PM 2:38
BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON

Cathy Kramer

7/05/88

RECEIVED FROM

JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS - MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-121 ACCEPT DEEDFOR PUBLIC ROAD FRM VER LEE CHAPMAN - SE 132nd AVE
ITEM 88-201

R-1c

056676

DEED TO BE RECORDED

056677



BOARD OF
COUNTY COMMISSIONERS

1988 JUL 28 AM 11:39

MULTNOMAH COUNTY
OREGON

07-26-88

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38082 A

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date 7/5/88
Agenda No. R-1d

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Deed/Order for Dedicated Street Purposes

2
5161

Informal Only* _____
(Date)

Formal Only X _____
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Dick Howard RHH

TELEPHONE 3599

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY

S.W. 8th DRIVE/ITEM 88-81/LD 1-87

Deed of Dedication from Phyllis T. Stewart for dedicated street purposes.

Order Accepting Deed conveying property for dedicated street purposes.

ACTION REQUESTED:

/ INFORMATION ONLY / PRELIMINARY APPROVAL / POLICY DIRECTION /X APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

/ PERSONNEL

/ FISCAL/BUDGETARY

/ General Fund

Other _____

To
R/E/2
7/18/88

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1988 JUN 28 AM 11:09

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: RHH

BUDGET/PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) John L. DuBay

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

7/05/88

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-122 ACCEPT DEED FOR PUBLIC ROAD FRM PHYLLIS T STEWART FOR SW 8th STREET
ITEM 88-81/LD 1-87

R-1d

DEED TO BE RECORDED

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

BOARD OF
COUNTY COMMISSIONERS
1988 JUL 20 PM 11:15
MULTNOMAH COUNTY
OREGON

7/05/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-122 ACCEPT DEED FOR PUBLIC ROAD FRM PHYLLIS T STEWART FOR SW 8th STREET
ITEM 88-81/LD 1-87

R-1d

DEED TO BE RECORDED

OREGON
MULTNOMAH COUNTY
1988 JUL 20 PM 2:32
CLERK OF COUNTY COMMISSIONERS
JAN 10 1988

Cathy Kramer

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

7/05/88

RECEIVED FROM

JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-122 ACCEPT DEED FOR PUBLIC ROAD FRM PHYLLIS T STEWART FOR SW 8th STREET
ITEM 88-81/LD 1-87

R-1d

DEED TO BE RECORDED

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BOARD OF
COUNTY COMMISSIONERS

1988 JUL 28 AM 11:39

MULTNOMAH COUNTY
OREGON

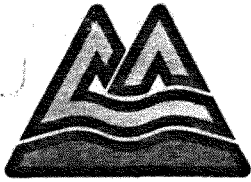
07-26-88

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MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

July 5, 1988

Ms. Linda Alexander, Director
Department of General Services
1120 SW Fifth
Portland, OR

Dear Ms. Alexander:

Be it remembered, that at a meeting of the Board of County Commissioners held July 5, 1988, the following action was taken:

In the matter of the Cancellation of Certain)	
Warrants Heretofore Issued by Multnomah County)	
more than Seven (7) Years Prior to July 1, 1988,)	O R D E R
and not Heretofore presented for Payment	R-2)	#88-123

Upon motion of Commissioner Miller, duly seconded by Commissioner Anderson, it is unanimously

ORDERED that said Order be approved.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Finance

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date _____

Agenda No. _____

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: _____

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT General Services DIVISION Finance

CONTACT David Boyer TELEPHONE 248-3312

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Attached is a listing of warrants issued more than seven years prior to July 1, 1988 and still outstanding as of this date. In accordance with ORS 287.454, 287.456 and a Board Order authorizing warrants listed be cancelled if not presented for payment during the 60 day period.

88-123

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

Other _____

To Finance
7/18/88

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1988 JUN 24 PM 2:21

SIGNATURES:

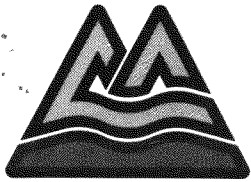
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Linda D. Shand

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolution, Agreements, Contracts) John C. [Signature]

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



MULTNOMAH COUNTY OREGON

7/5/88
R-2

DEPARTMENT OF GENERAL SERVICES
PORTLAND BUILDING
1120 S.W. FIFTH, 14TH FLOOR
PORTLAND, OR 97204-1934

OFFICE OF THE DIRECTOR
BUDGET & MANAGEMENT
ANALYSIS
COUNTY COUNSEL
EMPLOYEE RELATIONS
FINANCE DIVISION

(503) 248-3303
(503) 248-3883
(503) 248-3138
(503) 248-5015
(503) 248-3312

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY, CHAIR
PAULINE ANDERSON
POLLY CASTERLINE
GRETCHEN KAFOURY
CAROLINE MILLER

MEMORANDUM

TO: Larry Kressel, County Counsel
FROM: David Boyer, Finance Manager *DB*
DATE: June 22, 1988
SUBJECT: Warrants Outstanding for Over Seven (7) Years

Attached is the documentation required to cancel warrants outstanding for more than seven years as required by ORS.

Please review these items, sign off on the Board Order, and forward same to the Clerk of the Board for placement on the Agenda and publication.

3078E/DB/1d

Attachment

RECEIVED
JUN 23 1988

COUNTY COUNSEL FOR
MULTNOMAH COUNTY, ORE.



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

July 12, 1988

Mr. Paul Kelley
Retail Display Advertising
The Oregonian
1320 SW Broadway
Portland, OR 97201

Dear Mr. Kelley:

Enclosed you will find copies of unpaid Multnomah County warrants, and a sample of the publication format used last year.

Please publish on Sunday, July 24th; and send us proofs as soon as they are ready so we may proof the copy before publication.

The cost is to be charged to the Clerk of the Board's Office, 1021 SW Fourth, Room 606, Portland, OR 97204.

If you need further information, please call me or Jane McGarvin at 248-3277.

Sincerely,

Barbara E. Jones
Asst. Clerk of the Board

BJ
0119C.12

NOTICE TO HOLDERS OF PRESENT UNPAID COUNTY WARRANTS

TO WHOM IT MAY CONCERN:

The following listed warrants issued by Multnomah County have not been presented for payment for more than seven (7) years from the date of issuance.

NOTICE IS HEREBY GIVEN that if said warrants are not presented for payment to the Multnomah County Treasurer within sixty (60) days from date of publication each of said warrants will be officially cancelled by an Order of the Board of County Commissioners and payment thereafter will be refused.

3078E/3

7/05/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

FINANCE

ORDER OF CANCELLATION OF WARRANTS #88-123

R-2



Form CC-2 PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 19 PM 3:14

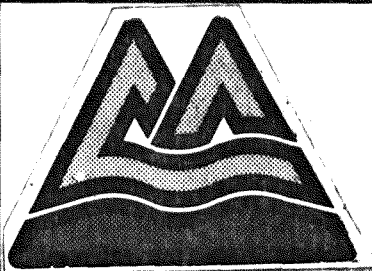
MULTNOMAH COUNTY
OREGON

ADDOR072429898
MBDOR072429898

MDI A-SER OPR ABLY

SUNDAY

RE 29898 sun july 24 s305 multnomah county 2x12.25



NOTICE TO HOLDERS OF PRESENT UNPAID COUNTY WARRANTS

TO WHOM IT MAY CONCERN:

The following listed warrants issued by Multnomah County have not been presented for payment for more than seven (7) years from the date of issuance.

NOTICE IS HEREBY GIVEN that if said warrants are not presented for payment to the Multnomah County Treasurer within sixty (60) days from date of publication each of said warrants will be officially cancelled by an Order of the Board of County Commissioners and payment thereafter will be refused.

1987-88 CANCELLATION LIST CIRCUIT COURT WARRANTS

Date	Name	Warrant #	Amount
07-31-80	Bank of America	15737	\$319.58
07-31-80	Allstate Insurance	15734	\$1.03
09-30-80	Kurt Wetzel	16726	\$8.00
10-31-80	Jan White	17320	\$07.80
12-03-80	David Fries	18040	100.00
12-03-80	Giovonne Panza	18108	25.16
12-03-80	Hermac Motors	18127	28.99
01-30-81	Allstate Insurance	19633	110.70
03-31-81	U.S. Treasury	20230	50.00
04-30-81	Parks and Recreation	20994	27.00
04-30-81	A.A. Ambulance	21198	26.68
04-30-81	Care Ambulance	21274	31.80
04-30-81	U.S. Treasury	21371	50.00
04-30-81	Home Insurance	21426	114.95
06-04-81	Harry March	21975	29.00
06-04-81	U.S. Treasury	22350	50.00
			\$1,374.69

1987-88 CANCELLATION LIST DISTRICT COURT WARRANTS

Date	Name	Warrant #	Amount
07-03-80	Frank Bealer, Jr.	76034	\$32.00
07-22-80	Lannie A. Parker	76317	25.00
08-06-80	Kevin Kellerman	76666	31.00
08-06-80	Juniper Construction	76696	31.00
09-05-80	Souraseth Thilaven	76863	43.00
10-10-80	Michael Galmes	78019	25.00
10-14-80	Daniel Kleinsmith	78089	31.00
10-14-80	Edward Savella	78091	30.00
10-30-80	Henry J. Kellogg	78525	31.00
12-15-80	Sandra E. Lee	79524	40.00
01-06-81	Devanna Snell	79666	55.00
01-28-81	Molly Meyer	80382	30.00
02-05-81	Elaine Markanen	80993	26.00
02-12-81	Reuben Schnoble	81374	43.00
02-18-81	Dennis P. Welch	81459	34.00
03-06-81	Robert Wellington	82046	31.00
03-06-81	Richard Murphy	82049	33.00
03-30-81	Paul Kerr	82600	30.00
04-01-81	Konan Karayel	82862	36.00
04-13-81	Allison Rogers	83204	26.00
04-22-81	Carla Lennox	84226	28.00
05-12-81	Ralph Miller	85154	25.00
05-14-81	Maureen Flynn	55112	32.00
06-09-81	Jeffery Hotchkiss	55657	26.00
			\$779.00

1987-88 CANCELLATION LIST PAYROLL WARRANTS

Date	Name	Warrant #	Amount
10-24-80	Block, EW	458016	\$319.93
10-24-80	Davidson, LE	459184	267.95
11-07-80	Davidson, LE	463192	36.07
02-27-81	Ellingson, GC	483517	368.87
03-27-81	Lemrick, JL	459633	40.05
06-05-81	Ferrell, K	503669	363.21
			\$1,336.08

1987-88 CANCELLATION LIST ELECTION WARRANTS

Date	Name	Warrant #	Amount
11-25-80	Sally Broughton	56452	\$41.85
11-25-80	Mary A. Kelly	56592	42.63
11-25-80	Mary K. DeBenedetti	56857	29.43
03-09-81	Elizabeth Ostergren	59137	44.55
03-09-81	Presbyterian Church	60280	25.00
			\$213.46

1987-88 CANCELLATION LIST RETIREMENT WARRANTS

Date	Name	Warrant #	Amount
07-31-80	Irma R. Shult	59008	\$129.30
08-29-80	Irma R. Shult	60308	129.30
09-30-80	Irma R. Shult	60958	129.30
10-31-80	Irma R. Shult	61610	129.30
11-28-80	Irma R. Shult	62267	129.30
12-31-80	Irma R. Shult	62923	129.30
01-30-81	Irma R. Shult	63582	129.30
02-27-81	Irma R. Shult	64241	129.30
03-31-81	Irma R. Shult	65583	129.30
04-30-81	Irma R. Shult	66250	129.30
05-29-81	Irma R. Shult	66919	129.30
06-30-81	Irma R. Shult	67588	129.30
			\$1,551.60

1987-88 CANCELLATION LIST GENERAL WARRANTS

Date	Name	Warrant #	Amount
08-05-80	KE Miller	42189	\$46.70
09-22-80	Union Pacific Railroad Co.	46521	328.44
11-12-80	Cynthia Porter	52917	45.80
12-22-80	Roy A. Glen	57686	45.28
12-22-80	Dick Bohrer Realty	57709	26.51
12-22-80	Portland Press	57722	107.32
12-22-80	Gilbert Chavez	57731	43.97
12-22-80	Mobile Home Gallery	57847	41.24
12-22-80	Susan K. Moore	57849	76.82
12-22-80	Mobile Home Gallery	57850	37.63
12-22-80	Curtis A. Golder	57858	143.64
12-22-80	Leland Keno	57891	93.45
12-22-80	Beatrice Schmidt	57911	103.56
12-29-80	Kenneth E. Don	58381	558.71
12-29-80	Nancy L. Smith	58408	49.33
12-29-80	Pioneer Nat Title Insurance	58456	152.38
03-02-81	James Hester	67195	29.42
04-13-81	Nancy L. McCulley	74071	236.94
04-15-81	Raymond M. Grimm	74471	110.91
04-23-81	Georgia M. Lee	75675	49.33
04-27-81	Frances Davis	76420	450.58
04-29-81	Korak Construction	76606	25.00
05-13-81	Cornucopia	79618	75.08
05-13-81	Fairmont Enterprises	79628	544.25
05-20-81	Gary Borgstahl	80418	45.00
06-21-81	Weiler and Frank Co., Inc.	81693	30.00
06-08-81	Oregon Womens Polittic	82557	40.00
06-10-81	Josephine Pattsratz	83255	50.00
06-22-81	Craig Carlson	84769	147.69
06-24-81	Myra Painter	85087	50.00
			\$3,987.07

For further information, please contact Jane McGarvin, Clerk of the Board, 248-3277.

FD-30A REV 7/84

Called
7/20/88 & pay
OK & print
BJ

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MBDOR072429898

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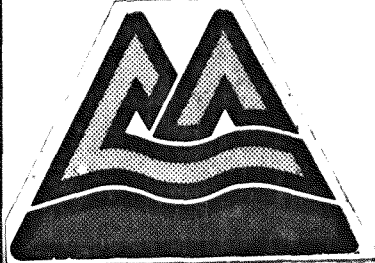
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RE 29898 sun july 24 s305 multimoh county 2x12.25



NOTICE TO HOLDERS OF PRESENT UNPAID COUNTY WARRANTS

TO WHOM IT MAY CONCERN:

The following listed warrants issued by Multnomah County have not been presented for payment for more than seven (7) years from the date of issuance.

NOTICE IS HEREBY GIVEN that if said warrants are not presented for payment to the Multnomah County Treasurer within sixty (60) days from date of publication each of said warrants will be officially cancelled by an Order of the Board of County Commissioners and payment thereafter will be refused.

1987-88 CANCELLATION LIST CIRCUIT COURT WARRANTS

Date	Name	Warrant #	Amount
07-31-80	Bank of America	15737	\$319.58
07-31-80	Allstate Insurance	15754	41.03
09-30-80	Kurt Wetzel	12736	60.00
10-31-80	Jan White	17320	309.80
12-03-80	David Fries	18040	100.00
12-03-80	Giovonne Panza	18108	23.16
12-03-80	Hermac Motors	18127	28.99
01-30-81	Allstate Insurance	19633	110.70
03-31-81	U.S. Treasury	20230	50.00
04-30-81	Parks and Recreation	20994	27.00
04-30-81	A.A. Ambulance	21198	26.68
04-30-81	Care Ambulance	21274	31.80
04-30-81	U.S. Treasury	21371	50.00
04-30-81	Home Insurance	21426	114.95
06-04-81	Harry March	21975	29.00
06-04-81	U.S. Treasury	22350	50.00
			\$1,374.69

1987-88 CANCELLATION LIST DISTRICT COURT WARRANTS

Date	Name	Warrant #	Amount
07-03-80	Frank Bealer, Jr.	76034	\$32.00
07-22-80	Lannie A. Parker	76317	25.00
08-06-80	Kevin Kellerman	76666	31.00
08-06-80	Juniper Construction	76696	31.00
09-05-80	Souraseth Thilaven	76863	43.00
10-10-80	Michael Gaimis	78019	25.00
10-14-80	Daniel Kleinsmith	78089	31.00
10-14-80	Edward Savella	78091	30.00
10-30-80	Henry J. Kellogg	78525	31.00
12-15-80	Sandra E. Lee	79524	40.00
01-06-81	Devanna Snell	79666	55.00
01-28-81	Molly Meyer	80382	30.00
02-05-81	Elaine Markonen	80993	26.00
02-12-81	Reuben Schnoble	81374	43.00
02-18-81	Dennis P. Welch	81459	34.00
03-06-81	Robert Wellington	82046	31.00
03-06-81	Richard Murphy	82049	33.00
03-30-81	Paul Kerr	82600	30.00
04-01-81	Konan Karayel	82862	36.00
04-13-81	Allison Rogers	83204	26.00
04-22-81	Carlo Lemox	84226	28.00
05-12-81	Ralph Miller	84564	30.00
05-14-81	Maureen Flynn	55112	32.00
06-09-81	Jeffery Hotchkiss	55657	26.00
			\$779.00

1987-88 CANCELLATION LIST PAYROLL WARRANTS

Date	Name	Warrant #	Amount
10-24-80	Block, EW	458016	\$219.92
10-24-80	Davidson, LE	459184	267.95
11-07-80	Davidson, LE	463192	36.07
02-27-81	Ellingson, GC	483517	368.87
03-27-81	Lemrick, JL	459633	40.05
06-05-81	Ferrell, K	503669	30.21
			\$1,334.08

1987-88 CANCELLATION LIST ELECTION WARRANTS

Date	Name	Warrant #	Amount
11-25-80	Sally Broughton	56452	\$41.85
11-25-80	Mary A. Kelly	56592	42.63
11-25-80	Mary K. DeBenedetti	56857	59.43
03-09-81	Elizabeth Ostergren	59137	44.55
03-09-81	Presbyterian Church	60280	25.00
			\$213.46

1987-88 CANCELLATION LIST RETIREMENT WARRANTS

Date	Name	Warrant #	Amount
07-31-80	Irma R. Shult	59008	\$129.30
08-29-80	Irma R. Shult	60308	129.30
09-30-80	Irma R. Shult	60958	129.30
10-31-80	Irma R. Shult	61610	129.30
11-28-80	Irma R. Shult	62267	129.30
12-31-80	Irma R. Shult	62923	129.30
01-30-81	Irma R. Shult	63582	129.30
02-27-81	Irma R. Shult	64241	129.30
03-31-81	Irma R. Shult	65583	129.30
04-30-81	Irma R. Shult	66250	129.30
05-29-81	Irma R. Shult	66919	129.30
06-30-81	Irma R. Shult	67588	129.30
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1987-88 CANCELLATION LIST GENERAL WARRANTS

Date	Name	Warrant #	Amount
08-05-80	KE Miller	42189	\$46.70
09-22-80	Union Pacific Railroad Co.	46521	328.44
11-12-80	Cynthia Porter	52917	43.80
12-22-80	Roy A. Glen	57686	45.28
12-22-80	Dick Bohrer Realty	57709	26.51
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12-22-80	Gilbert Chavez	57931	43.97
12-22-80	Mobile Home Gallery	57847	41.24
12-22-80	Susan K. Moore	57849	76.82
12-22-80	Mobile Home Gallery	57850	37.63
12-22-80	Curtis A. Golder	57858	143.64
12-22-80	Leland Keno	57891	93.45
12-22-80	Beatrice Schmidt	57911	105.56
12-29-80	Kenneth E. Don	58381	558.71
12-29-80	Nancy L. Smith	58438	53.42
12-29-80	Pioneer Nat Title Insurance	58456	152.38
03-02-81	James Hester	67195	29.42
04-13-81	Nancy L. McCulley	74071	236.94
04-15-81	Raymond M. Grimm	74471	110.91
04-23-81	Georgia M. Lee	75675	49.33
04-27-81	Frances Davis	76420	450.58
04-29-81	Korak Construction	76606	25.00
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05-13-81	Fairmont Enterprises	79628	544.25
05-20-81	Gary Borgstahl	80418	15.00
06-21-81	Meier and Frank Co., Inc.	81693	30.00
06-08-81	Oregon Womens Politic	82557	40.00
06-10-81	Josephine Pottsrtz	83255	50.00
06-22-81	Craig Carlson	84769	147.69
06-24-81	Myra Painter	85087	10.00
			\$3,987.07

For further information, please contact Jane McGarvin, Clerk of the Board, 248-3277.

ADDOR072429898
MBDOR072429898

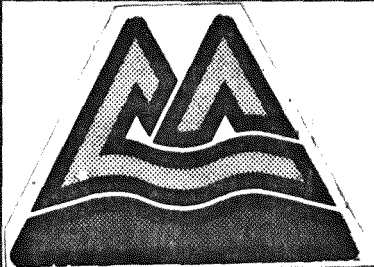
MDI A-SER OPR ABL

SUNDAY

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RE 29898 sun July 24 s305 multnomah county 2x12.25



NOTICE TO HOLDERS OF PRESENT UNPAID COUNTY WARRANTS

TO WHOM IT MAY CONCERN:

The following listed warrants issued by Multnomah County have not been presented for payment for more than seven (7) years from the date of issuance.

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1987-88 CANCELLATION LIST CIRCUIT COURT WARRANTS

Date	Name	Warrant #	Amount
07-31-80	Bank of America	15737	\$319.58
07-31-80	Allstate Insurance	15734	41.03
09-30-80	Kurt Wetzel	16726	80.00
10-31-80	Jan White	17320	305.80
12-03-80	David Fries	18040	100.00
12-03-80	Giovonne Panza	18108	25.16
12-03-80	Hermac Motors	18127	28.99
01-30-81	Allstate Insurance	19633	110.70
03-31-81	U.S. Treasury	20230	50.00
04-30-81	Parks and Recreation	20994	27.00
04-30-81	A.A. Ambulance	21198	36.68
04-30-81	Care Ambulance	21274	31.80
04-30-81	U.S. Treasury	21371	50.00
04-30-81	Home Insurance	21426	114.95
06-04-81	Harry March	21975	29.00
06-04-81	U.S. Treasury	22350	50.00
			\$1,374.69

1987-88 CANCELLATION LIST DISTRICT COURT WARRANTS

Date	Name	Warrant #	Amount
07-03-80	Frank Bealer, Jr.	76034	\$32.00
07-22-80	Lionie A. Parker	76317	25.00
08-06-80	Kevin Kellerman	76666	31.00
08-06-80	Juniper Construction	76696	31.00
09-05-80	Souraseth Thilaven	76863	30.00
10-10-80	Michael Gaines	78019	25.00
10-14-80	Daniel Kleinsmith	78089	31.00
10-14-80	Edward Savella	78091	30.00
10-30-80	Henry J. Kellogg	78525	31.00
12-15-80	Sandra E. Lee	79524	40.00
01-06-81	Devanna Snell	79666	35.00
01-29-81	Molly Meyer	80382	30.00
02-05-81	Elaine Markanen	80993	26.00
02-12-81	Reuben Schnoble	81374	45.00
02-18-81	Dennis P. Welch	81459	34.00
03-06-81	Robert Wellington	82046	31.00
03-06-81	Richard Murphy	82049	33.00
03-30-81	Paul Kerr	82600	30.00
04-01-81	Konan Karayel	82862	36.00
04-13-81	Allison Rogers	83204	26.00
04-22-81	Carla Lennox	84226	28.00
05-12-81	Ralph Miller	84964	30.00
05-14-81	Maureen Flynn	85112	32.00
06-09-81	Jeffery Hotchkiss	85657	25.00
			\$779.00

1987-88 CANCELLATION LIST PAYROLL WARRANTS

Date	Name	Warrant #	Amount
10-24-80	Block, EW	458016	\$319.93
10-24-80	Davidson, LE	459184	267.95
11-07-80	Davidson, LE	463192	36.07
02-27-81	Ellington, GC	483517	348.87
03-27-81	Lemrick, JL	459433	40.05
06-05-81	Ferrell, K	503669	303.21
			\$1,336.08

1987-88 CANCELLATION LIST ELECTION WARRANTS

Date	Name	Warrant #	Amount
11-25-80	Sally Broughton	56452	\$41.85
11-25-80	Mary A. Kelly	56592	42.63
11-25-80	Mary K. DeBenedetti	56857	39.43
03-09-81	Elizabeth Ostergren	59137	44.55
03-09-81	Presbyterian Church	60280	25.00
			\$213.46

1987-88 CANCELLATION LIST RETIREMENT WARRANTS

Date	Name	Warrant #	Amount
07-31-80	Irma R. Shult	59008	\$129.30
08-29-80	Irma R. Shult	60308	129.30
09-30-80	Irma R. Shult	60958	129.30
10-31-80	Irma R. Shult	61610	129.30
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01-30-81	Irma R. Shult	63582	129.30
02-27-81	Irma R. Shult	64241	129.30
03-31-81	Irma R. Shult	65583	129.30
04-30-81	Irma R. Shult	66250	129.30
05-29-81	Irma R. Shult	66919	129.30
06-30-81	Irma R. Shult	67588	129.30
			\$1,551.60

1987-88 CANCELLATION LIST GENERAL WARRANTS

Date	Name	Warrant #	Amount
08-05-80	KE Miller	42189	\$46.70
09-29-80	Union Pacific Railroad Co.	46521	328.44
11-12-80	Cynthia Porter	52917	45.80
12-22-80	Roy A. Glen	57686	45.28
12-22-80	Dick Bohrer Realty	57709	26.51
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12-22-80	Gilbert Chavez	57731	43.97
12-22-80	Mobile Home Gallery	57847	41.24
12-22-80	Susan K. Moore	57849	76.82
12-22-80	Mobile Home Gallery	57850	97.63
12-22-80	Curtis A. Golder	57858	143.64
12-22-80	Leland Keno	57891	93.45
12-22-80	Beatrice Schmidt	57911	103.56
12-29-80	Kenneth E. Don	58381	556.71
12-29-80	Nancy L. Smith	58438	53.42
12-29-80	Pioneer Nat Title Insurance	58456	152.38
03-02-81	James Hester	67195	29.42
04-13-81	Nancy L. McCulley	74071	236.94
04-15-81	Raymond M. Grimm	74071	110.91
04-23-81	Georgia M. Lee	75675	49.33
04-27-81	Frances Davis	76420	650.58
04-29-81	Korak Construction	76606	25.00
05-13-81	Comucopia	79618	75.08
05-13-81	Fairmont Enterprises	79628	544.25
05-20-81	Gary Borgstahl	80418	35.00
06-21-81	Nieler and Frank Co., Inc.	81693	30.00
06-08-81	Oregon Womens Politic	82557	40.00
06-10-81	Josephine Pottsraz	83255	50.00
06-22-81	Craig Carlson	84769	147.69
06-24-81	Myra Painter	85087	50.00
			\$3,987.07

For further information, please contact Jane McGarvin, Clerk of the Board, 248-3277.

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RE 29898 sun july 24 s305 multnomah county 2x12.25

**NOTICE TO HOLDERS OF
PRESENT UNPAID
COUNTY WARRANTS****TO WHOM IT MAY CONCERN:**

The following listed warrants issued by Multnomah County have not been presented for payment for more than seven (7) years from the date of issuance.

NOTICE IS HEREBY GIVEN that if said warrants are not presented for payment to the Multnomah County Treasurer within sixty (60) days from date of publication each of said warrants will be officially cancelled by an Order of the Board of County Commissioners and payment thereafter will be refused.

**1987-88 CANCELLATION LIST
CIRCUIT COURT WARRANTS**

Date	Name	Warrant #	Amount
07-31-80	Bank of America	15737	\$319.58
07-31-80	Allstate Insurance	15754	41.03
09-30-80	Kurt Wetzel	16726	60.00
10-31-80	Jan White	17320	309.80
12-03-80	David Fries	18040	100.00
12-03-80	Giovanna Panza	18108	25.16
12-03-80	Hernac Motors	18127	28.99
01-30-81	Allstate Insurance	19633	110.70
03-31-81	U.S. Treasury	20230	50.00
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04-30-81	A.A. Ambulance	21198	26.68
04-30-81	Care Ambulance	21274	31.80
04-30-81	U.S. Treasury	21371	50.00
06-04-81	Home Insurance	21426	114.95
06-04-81	Harry March	21975	29.00
06-04-81	U.S. Treasury	22350	50.00
			\$1,374.69

**1987-88 CANCELLATION LIST
DISTRICT COURT WARRANTS**

Date	Name	Warrant #	Amount
07-03-80	Frank Bealer, Jr.	76034	\$32.00
07-22-80	Lonnie A. Parker	76317	25.00
08-06-80	Kevin Kellerman	76666	31.00
08-06-80	Juniper Construction	76696	31.00
09-05-80	Souraseth Thilaven	76863	43.00
10-10-80	Michael Gaimes	78019	25.00
10-14-80	Daniel Kleinsmith	78089	31.00
10-14-80	Edward Savella	78091	30.00
10-30-80	Henry J. Kellogg	78525	31.00
12-15-80	Sandra E. Lee	79524	40.00
01-06-81	Devanna Snell	79666	35.00
01-28-81	Molly Meyer	80382	30.00
02-05-81	Elaine Markonen	80993	26.00
02-12-81	Reuben Schnoble	81374	43.00
02-18-81	Dennis P. Welch	81459	34.00
03-06-81	Robert Wellington	82046	31.00
03-06-81	Richard Murphy	82049	30.00
03-30-81	Paul Kerr	82600	30.00
04-13-81	Kanan Karayel	82862	36.00
04-22-81	Allison Rogers	83204	26.00
05-12-81	Carla Lennox	84226	28.00
05-14-81	Ralph Miller	84964	30.00
06-09-81	Maureen Flynn	85112	32.00
06-09-81	Jeffery Hotchkiss	85657	36.00
			\$779.00

**1987-88 CANCELLATION LIST
PAYROLL WARRANTS**

Date	Name	Warrant #	Amount
10-24-80	Block, EW	458016	\$319.93
10-24-80	Davidson, IE	459184	267.95
11-07-80	Davidson, IE	463192	36.07
02-27-81	Ellingson, GC	483517	368.87
03-27-81	Lemrick, JL	459633	40.05
06-05-81	IFerrell, K	503669	303.21
			\$1,336.08

**1987-88 CANCELLATION LIST
ELECTION WARRANTS**

Date	Name	Warrant #	Amount
11-25-80	Sally Broughton	56452	\$41.85
11-25-80	Mary A. Kelly	56592	42.63
03-09-81	Mary K. DeBenedetti	56857	59.43
03-09-81	Elizabeth Ostergren	59137	44.55
03-09-81	Presbyterian Church	60280	25.00
			\$213.46

**1987-88 CANCELLATION LIST
RETIREMENT WARRANTS**

Date	Name	Warrant #	Amount
07-31-80	Irma R. Shult	59008	\$129.30
08-29-80	Irma R. Shult	60308	129.30
09-30-80	Irma R. Shult	60958	129.30
10-31-80	Irma R. Shult	61610	129.30
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03-31-81	Irma R. Shult	65583	129.30
04-30-81	Irma R. Shult	66250	129.30
05-29-81	Irma R. Shult	66919	129.30
06-30-81	Irma R. Shult	67588	129.30
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**1987-88 CANCELLATION LIST
GENERAL WARRANTS**

Date	Name	Warrant #	Amount
08-05-80	KE Miller	42189	\$46.70
09-22-80	Union Pacific Railroad Co.	46521	328.44
11-12-80	Cynthia Porter	52917	43.80
12-22-80	Roy A. Glen	57686	45.28
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12-22-80	Leland Keno	57891	93.45
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12-29-80	Nancy L. Smith	58438	53.42
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06-10-81	Oregon Womens Politic	82557	40.00
06-22-81	Josephine Pottsratz	83255	50.00
06-24-81	Craig Carlson	84769	147.69
06-24-81	Myra Painter	85087	50.00
			\$3,987.07

For further information, please contact Jane McGarvin, Clerk of the Board, 248-3277.

Called
7/19/88

Date 7/5/88

NAME Christopher P. Thomas

ADDRESS Suite 400, 2000 SW First
Street
Portland, OR 97201
City Zip

I wish to speak on Agenda Item # Board Briefing
Subject EMS

 FOR X AGAINST

11:17 - 29

A.A.

1. Rates will go up 15%
2. improvements can be made now thru regulation
3. Comparisons will be difficult because improvements make system different from now
4. Limit # of Ambulances than reg.
5. A.A. more efficient so Manager cost are low even w/ higher "no pay" customers

No good reason for this process

Driving Cost - No triage
Excellent response time

Date 7/5/88

NAME

STUPACI / K. Fony

ADDRESS

L

Street

City

Zip

I wish to speak on Agenda Item # 655 RFP
Subject _____

____ FOR

____ AGAINST

11:50 - 12:02 Back

1. Fitch report not valid
2. Have excellent
3. Based rate 1st time in 4 yrs.
4. Can they (rates) be lower than they are?
5. Bond issues create the problems of # of vehicles & cost
6. Current propose will force 3 comp. out, Fire Bureau out & State will win.
7. Quality is compromised by this

July 5, 1988

5
J/61

Executive Session-Labor Negotiations with Oregon)
Nurses Association and AFSCME Local 88 as allowed)
by ORS 192.660)

Commissioner McCoy reported the Board had authorized Ken Upton, Employee Relations, to continue negotiations with ONA and Local 88 as directed by the Board.

Copy front
& Back
of cards



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE MCGARVIN • Clerk • 248-3277

N O T I C E

Friday, June 24, 1988

Room 602 - County Courthouse

EXECUTIVE SESSION - Consult with legal counsel regarding Gresham
BIT litigation permitted by ORS 192.660(1)(h)

Following the Executive Session, the Board of Commissioners will
hold an Informal Meeting

AGENDA

1. Discussion of County Policy regarding the "Gang" issue

PRESS LIST

DATE 6/24

THE FOLLOWING WERE CALLED THIS DATE REGARDING:

- a) Meeting
- b) Executive Meeting
- c) Other

Yrlish BIT - Executive Session
9:30 a.m.

Signed

Lynell Stanton

KOIN Channel 6
KGW Channel 8
KATU Channel 2
KPTV Channel 12
KEX 1190 A.M.
KSGO 1520 A.M.
KXL 750 A.M.
KGW 62 A.M.

243-6614 Assignment Desk ✓
226-5111 Assignment Desk ✓
231-4260 Assignment Desk ✓
222-9921 News Desk ✓
222-1929 Newsroom/Message ✓ *Call back*
223-1441 News Desk ✓
231-0750 Newsroom/Message ✓
226-5095 News Desk ✓

K-103 FM
KXYQ - 105
OREGONIAN
GRESHAM OUTLOOK
SKANNER

643-5103 Newsroom ✓
226-6731 Newsroom ✓
221-8566 Harry Bodine ✓
665-2181 ~~Dave Pinson~~ ROBIN FRANZEN ✓
287-3562 Patrick Mazza ✓



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
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JANE McGARVIN • Clerk • 248-3277

July 5, 1988

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 5, 1988, the following action was taken:

Briefing by the Emergency Medical Services Staff)
on the recommendations of the Emergency Medical)
Services Policy Board, followed by Public Hearing)
concerning the following areas: a) Ambulance)
Service Area Plan; b) Request for Credentials -)
9-1-1 Emergency Ambulance Contracts; c) Request)
for Proposals - 9-1-1 Emergency Ambulance Con-)
tracts; d) Costing Definitions)

Joe Acker, Emergency Services Director, showed slides and explained the Emergency Medical Services (EMS) Policy Board Recommendation and Proposal for implementing an Ambulance Area Plan using two Ambulance Service Areas (ASAs); implementation for Request for Credentials (RFC), and Request for Proposal (RFP) bidding processes. He urged the Board to accept the recommendation, and to adopt it following further review of the Emergency Ambulance Costing Plan, which he submitted. He said the Costing Plan had not yet been reviewed by the Ambulance companies, and suggested holding another Board hearing before adopting EMS Policy Board recommendations.

Dr. Gary Oxman, explained some of the details of the Costing Plan to the Board.

Discussion followed regarding further explanation of Full, Proportionate, and Incremental Costing proposals for the RFC and RFP processes.

Commissioner Miller asked what the impact of implementing the proposals would have on the Appeal to Judge Crookham's ruling on the Single Ambulance Service Area (ASA).

Laurence Kressel, County Counsel, advised that that issue is not before the Board, and the appeal on the single ASA will continue unless withdrawn by the Board. He added in answer to Commissioner Miller's question, that the question of "moot" regarding the Appeal, is that it is possible, should the Board move ahead with a two ASA Plan, and should the Court declare the Single ASA Appeal "moot", the Board may never get a ruling on whether or not it is possible to have that type of Ambulance Plan unless the Board resubmits another appeal. However, if the Board goes ahead with the two ASA Ambulance Plan, the contract, as described in the RFP, would be for four years; and at the end of the contract, the Board could change to a single ASA if the Appeal is upheld. If the ruling stands, the Board would already have the two ASA Plan in operation, should they adopt the EMS Policy Board recommendations.

Mr. Acker said the impact of the two ASA Plan would be to provide some County rate control which is not a practice now; and that an adversarial relationship with Ambulance companies should be changed once this becomes a contract process. He added he feels there will be a decrease in cost to the consumer; and recommended the Board move ahead with Policy Board recommendations; wait for the Single ASA Court ruling on the Appeal; and at the same time, pursue changing the law through the Legislature.

In response to Commissioner Anderson's question, Mr. Acker replied there was an effort to use Trauma boundaries in setting up the two Ambulance area boundaries; but that since Trauma boundary follows Division Street, the Policy Board felt it is difficult to balance service areas because the Trauma areas include some of Clackamas and Washington Counties, and some areas are heavily weighted with both numbers of calls and/or distances to be covered. The contractors will subcontract with Hooper Detox for inebriate pickups; EMS will monitor those subcontracts; and the Alcohol and Drug money from the inebriate outreach program will be transferred to the single ASA Contractor.

Mr. Acker cautioned that only County monies will be transferred, but it is expected there will be approximately a \$35,000 shortfall in the program, and that a Contractor subsidy would be needed to provide that shortfall. EMS Division feels this is appropriate because the CHIERS program reduces response totals in the Central City area, which is a lucrative area for contractors because of the number of calls. The Fire Bureau will be able to compete since they are licensed by the County as a first responder, but he is unsure whether the new costing processes will create problems for

them. He explained all contractors will have to determine administration costs for the RFP, and validate the figures for the evaluation committee. He noted the City of Portland Council authorized the Fire Bureau to participate in the bid process last week, but the bid will be reviewed by the Council before the proposal is submitted to the County. In response to Commissioner Kafoury's question, he replied that points are assigned to contractors for retirement benefit packages; and that should the Fire Bureau receive the bid award, they will have to provide either a "free standing" retirement benefit or join PERS.

Commissioner McCoy asked if there would be an impact on the process, if it were delayed a week.

Mr. Acker said there is no problem, but that a draft of the Plan needs to be sent to the State with an approximate date for Board approval.

Mr. Kressel noted the matter would come to the Board for adoption as an ordinance, and would require a second reading.

Commissioner McCoy stated the ordinance will be scheduled for July 21, and the second reading July 28.

At this time, a five minute break was taken, followed by a public hearing.

Christopher P. Thomas, representing AA Ambulance, said the costing definitions were not provided until today, and that he did not wish to respond to that document today. The Board concurred to allow him to address any concerns he has on the costing definitions at a later date. Two criteria for establishing an ambulance area plan is 1) effectiveness and 2) efficiency of service. He submitted a copy of his letter dated May 27 to the Clerk for the record. He discussed his reasons for modifying the present system and establishing rate regulation rather than contracting. He feels a contracting process will add costs; and drive rates for service 15-10% higher. Requiring a middle layer of administration will force costs higher, but will not necessarily improve the service. He explained the process AA Ambulance uses to keep costs low, and yet provide service to a larger number of indigent non-payment patients. He feels it should be the prerogative of the provider to determine how much administration is necessary since this is the area in which the provider can reduce costs if they maintain an efficient operation. Through control of the number of ambulances, the number of paramedics can be limited thereby reducing costs; and through rate regulation, costs can be controlled and would avoid changing the system

and making it necessary to close ambulance businesses. He explained a problem exists because companies are required to have more ambulances than needed in order to be able to respond to the 9-1-1 service. He advocates licensing a determined number of ambulances for each company, and that dispatching be done by using the closest ambulance regardless of what company is involved. He expressed his views regarding the difficulty of competing with the RFP proposals; and said he feels rate reduction has been lost in the process. He recommended the Board consider what the difference to the consumer would be when comparing regulation with contracting. In response to Commissioner Anderson's question, he replied rates were not reduced voluntarily by providers because they were not treated as a utility, but as normal business competitors; and added he feels rates in the County are not out of line. Because citizens feel the rates were too high is not a reason to put providers out of business; rate regulation makes more sense.

Mr. Acker, in response to Commissioner Miller's question regarding parallel costs of increases in ambulance service costs and hospital costs, replied that a Medicare/Medicaid reimbursement profile study performed by the State of Oregon in which Oregon was compared with surrounding and other states showed Oregon as having the highest profiles of any provider profile.

At this time, Commissioners Miller and Anderson left to attend another meeting.

Mr. Thomas replied comparisons should include the fact County systems are not subsidized; and that there are two factors involved in ambulance costs, 1) response time requirements which require a significant number of ambulances doing nothing to maintain the best response time in the country; 2) dispatch policy - The County policy is good and few dispatch calls are triaged.

Stephen Kafoury, representing Buck Medical Services, reported Tom Lindley is ill, and in his absence, would present comments for him. He agreed that the Fitch report was done on a tight budget and did not allow time for proper analysis. He reported Buck Medical Services just raised rates for the first time in four years, and that it would be difficult to find a hospital that has done the same. He feels ambulance costs are driven by different things than are hospital costs, but the issue is, "can the rates be lower than they are now while maintaining the quality of service?" Buck Medical Services maintains the reason for high ambulance costs is ambulances must be kept close to boundaries. He recommended using a single ambulance service with rate regulations to reduce costs. He added he feels the way the RFP is designed discourages all applicants except the Fire Bureau or a company located outside Multnomah

County because the process of bidding does not jeopardize their present operations. If one of the local ambulance companies bids on one area only, it won't provide enough income to continue business; and if that applicant does not win the bid, he is out of business. If that company bids on both ASAs, it will be okay if he wins both bids, but if only one ASA is approved, again, there will not be enough to keep him in business, but if he loses both, he is out of business. It is a no win situation in any case. Quality of service is enhanced with middle management supervisors because they train staff, and do evaluations to assure protocols are followed and assure medical on-line services are properly provided. He is concerned about the new costing process because he feels it would be impossible to compare bids from the three categories. He recommended incremental costing be eliminated for process comparison. He discussed possible difficulties should the Fire Bureau win the bid, i.e., first response ALS being transferred to ALS transportation. In response to Commissioner McCoy's question, he replied the only way to reduce the cost is to reduce the number of ambulances, thereby reducing the number of Emergency Medical Technicians (EMTs); and the only way to do that is to eliminate boundaries between ASAs. He recommended letting companies figure out what the costs for operation of both single and two ASAs.

Barbara Donin suggested further discussion of the matter could be held following the Executive Session this afternoon. The Board concurred.

* * * * *

At this time, the meeting was adjourned until afternoon, and the following discussion was held.

Pete Robideau, AA Ambulance Service, commented on the process for Medicare/Medicaid profiles; and said that after 90 days following the service, they determine whether or not the transport was medically necessary using their criteria, which results in only a 9% payment of \$62.00 for each incident. He discussed the process for ALS billing and how profiles were determined; and added at one time, three of the four County providers met billing requirements correctly, but one did not which lowered the medical profile for Multnomah County; however the other three have worked hard since to raise profiles higher. Only 30% of the transports are ALS Medicare approved, the other 70% are Medicare BLS. Subsidized systems have a lower payment profile than those who don't. In response to Commissioner McCoy's question, he said he doesn't know what hospital costs have done over the past five years; but that his company has not had a rate increase for four years. In 1982 Ambulance companies went from a checkerboard system with a "50% Rule" which states there must

be two fully equipped manned on-the-street ambulance for every ambulance needed which doubles the cost. The cost is because if an ambulance responds to a 9-1-1 call, there must be another ambulance fully equipped and manned to take its place on the street, but in 1986 stand-by stations were substituted at strategic locations where all ambulances locate. The stand-by process would work, but three ambulances must be provided by each company for 911 emergency response. Cost for each company to have ambulances on the street in Multnomah County is \$150,000 - 200,000 per ambulance at a total cost of \$1,000,000. Many of these ambulances do nothing. Other systems in the country run out of ambulances and pay fines because it is cheaper; but that practice is not allowed in Multnomah County. He feels the County could operate well with fewer ambulances, and that the proposed RFP process does not spell out whether or not a new company would have to provide the same number of ambulances as local companies. He asked if the companies are overpriced, and have too many ambulances, why is it necessary to add more crews in order to handle emergencies in the County. He reported Kansas City has an eight minute response to only 32% of the emergency calls; Portland responds in 8 minutes to 90% of the emergencies. BLS first response is limited to four minutes; ALS to eight minutes; but the average is approximately 4.2 minutes. In response to Commissioner McCoy's question, he said he feels regulation can meet changes the County is requesting, and probably do it better. He discussed the "fail safe system" provided by present ambulance companies; and added they had picked up Tualatin Valley Ambulance Company services when the company went bankrupt without interruption of services. He added this volunteer safety system would be impossible with the RFP process, and that there would be no money to provide services should a company go bankrupt. In response to Commissioner Casterline's question, he suggested the Appeal should be continued, and that AA Ambulance would be willing to continue services with regulation until there is a ruling.

Mark Drake, representing Care Ambulance Company, testified in support of regulation rather than the bid process. Companies can reduce costs by lowering the number of staff, and make their system more cost effective by reducing the number of paramedics. He feels efficiencies can be achieved by eliminating boundaries; illustrating his point through use of diagrams to show the improved process for dispatch of "closest car" with the same rates for all companies; and discussed a proposed process for non-emergency dispatch. He said he feels rates should be determined upon distance and time of day, and added ambulances cannot now or probably ever get to Multnomah Falls or the Corbett area in the required eight minutes.

Commissioner Miller suggested the Board do nothing, but during the interim of the Appeal decision, the companies be put to the test of regulation.

Commissioner Kafoury added she feels the Board should pursue changes in the law with the Legislature.

Discussion followed regarding the processes followed for determination of support for a single ASA.

Mr. Acker said he feels the system has been patched together and does not provide one that is best for the public; and stated there is and has not been a reassignment policy for service should a company go out of business. He reported the Board will hear a case in the near future which involves a \$250 fine that will involve a lot of cost simply because someone did not like the way the Order was written. He recommended not doing anything about regulation until the Appeal process is finalized, and to let the process with the Legislature proceed. He added that Sandra Duffy, Deputy County Counsel, advised that when the contract is drawn there will be a fine process only as a last resource, but that it should be stiff enough to move ahead without added risk to the County.

Following discussion regarding "tinkering" with the system, Commissioner McCoy suggested Commissioners Miller and Anderson listen to the tapes following their departure this morning, and discussed her views regarding moving ahead with the process.

Barbara Donin asked for guidance from the Board as to whether she should place the matter of the EMS Policy Board recommendations and an ordinance on the agenda.

Commissioner McCoy, again, requested Commissioners Miller and Anderson listen to the tapes, and report to her whether or not amendments needed to be made to the recommendations by Thursday.

Following discussion of the costing process for the RFP, Mr. Acker stated the Board could amend the Ordinance and refer it to the EMS Policy Board if they wished.

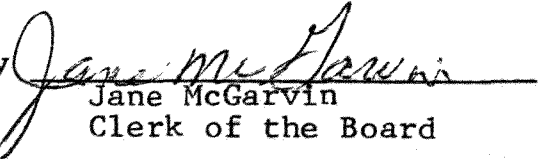
Commissioner McCoy stated she feels it would not be necessary to send anything back to the policy board since they have made their recommendations to the Board.

Mr. Acker responded to Board questions regarding the provider process for changing the rates, i.e., by saying, "1) the provider would appeal to a rate control committee (appointed by Board of Commissioners) through a public hearing process; 2) the rate control committee would make a recommendation to the EMS Policy Board; 3) EMS Policy Board would make a recommendation to the Board of

Commissioners for consideration. Should a provider not meet the contract agreement, the contract could be cancelled, and reassigned to another contractor".

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Emergency Medical Services
Health Officer



Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

Draft
6/27/88

Emergency Ambulance Costing (For 9-1-1 Contract)

Cost Definitions:

1. Full Cost - is all of the cost in dollars to provide the necessary staffing, vehicles, and other associated resources (management, insurance, capitalization, debt retirement, etc.) for an emergency ambulance. Full cost level does not consider any cross use or extra use of personnel, equipment, etc.
2. Proportional Cost - the portional cost of an emergency ambulance is the full cost divided into two components. The EMS proportional cost is that portion of full cost which is needed to provide for 9-1-1 medical call answering and transport functions. The EMS proportional cost also includes the cost of waiting for 9-1-1 medical calls. The "other" proportional cost is that portion of full cost which is needed to provide for the "other" functions of the emergency ambulance. The "other" functions may be transporting of non-emergency patients, fire functions, medical supply sales, or other cross utilization functions. Each component of the proportional cost must be justified by a methodology which is supported by historical figures and reasonable projections.
3. Incremental Cost - is the cost of resources which are new or must be added to provide 9-1-1 call answering and transport. This cost definition is based upon accepting the premise that resources presently in-place have no cost. Incremental cost thus comprises only the cost of any new elements (vehicles, manpower, etc.) which must be added to provide 9-1-1 call answering and transport.

9-1-1 Contract Costing Examples:

A series of contract costing examples is provided for demonstration purposes only. The areas of examples are vehicles, personnel, and management. Each of the areas is provided in example form for public and private. All costs are expressed in cost per ambulance.

The costing examples are provided with certain assumptions being made. These assumptions are:

- 1) An emergency ambulance costs \$50,000 dollars.
- 2) The proportional EMS cost is 70%, based upon a validated figure for private.
- 3) The proportional EMS cost is 69%, based upon a validated figure for public.

**Health Division
Department of Human Services**

426 S.W. Stark Street — 8th Floor . Portland, Oregon 97204 . 248-3674

FULL COST

PROPORTIONAL

INCREMENTAL

Private:

1) Vehicles: total cost of ambulance to include replacement and backup vehicles.

1) Vehicles: the total cost of the ambulance including replacement, and backup vehicles for the proportion of time (or other factor) which the vehicle will be used for emergency (911 originated-calls) transport.

1) Vehicles: only the cost of new vehicles (including replacement and backup) which must be added to the existing fleet.

e.g. \$50,000

e.g. $\$50,000 \times (\text{portion of time available for EMS calls}) .70 = \$35,000$

$\$50,000 \times (.90\% \text{ of new cost of one ambulance}) .10 = 5,000$. (Based on only the new ambulances added to the total ASA, nine existing ambulances, and the total ASA needs only ten.)

Public:

1) Vehicle: total cost of ambulance to include replacement and backup vehicles.

1) Vehicle: total cost of the ambulance including replacement and backup for the proportion of time (or other factor) which the vehicle will be used for emergency transport functions.

2) Vehicle: only the cost of new vehicles which (including backup and replacement) which must be added to the existing fleet.

e.g. \$50,000

e.g. $\$50,000 \times (\text{portion of responses are EMS versus other functions}) .69 = \$34,500$
 $\$50,000 \times (90 \text{ of cost of two new ambulances}) = .20 = \$10,000$

e.g. $50,000 \times (.90\% \text{ of new cost of one ambulances}) = \$5,000$

Private:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency transport.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

\$213,840

$\$213,840 \times .70 = \$149,688$

$\$213,840 (213,840 \times .10) =$
 $\$21,380.$ (Based on only one of the
ten ambulances requiring new staffing.)

Public:

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits.

2) Personnel: total cost of two EMT 4s to staff ambulance including fringe benefits for the proportion of time (or other factor) which the vehicle will be used for emergency (911 call answering and transport) functions.

2) Personnel: only the cost of new personnel which must be added to the existing staff, or any extra incentive paid for performing two job functions.

\$213,840

$\$213,840 \times .69 = \$147,550$

$\$213,840 \times .20 = \$42,760.$ (Based on
only two of ten ambulances requiring
new staff.)

Private:

3) Management: total cost of management expenses to include all cost other than vehicles and personnel.

3) Management: total cost of management expenses to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

e.g. \$60,000

e.g. $\$60,000 \times .70 = \$42,000$

e.g. \$20,000. (one and one-half billing clerks)

Public:

3) Management: total cost of management to include all cost other than vehicles and personnel.

3) Management: total cost of management to include all cost other than vehicles and personnel for the proportion of time (or other factor) which management will perform functions related to delivery of emergency transport services.

3) Management: only the cost of new management which must be added to supervise/support emergency ambulance (911 call answering and transport) services.

e.g. \$60,000

e.g. $\$60,000 \times .10 = \$6,000$
(90% of management time spent in non-9-1-1 contract functions.)

e.g. -0- (no new management needed)

DATE SUBMITTED June 26, 1988

(For Clerk's Use)
Meeting Date 7/5/88
Agenda No. Briefing A.M.

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: ASA Plan

Informal Only *July 5, 1988 A.M.
(Date)

Formal Only _____
(Date)

DEPARTMENT County Chair DIVISION _____

CONTACT Barbara S. Donin TELEPHONE 248-3308

*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Briefing and public hearing on ASA plan which has been recommended for adoption by the Emergency Medical Services Policy Board. The briefing and public hearing will also include the request for credentials and requests for proposals for Emergency Ambulance Service.

No formal action will take place at this meeting

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

☐ PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

☐ Other _____

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1988 JUN 28 AM 11:08

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys McCoy

BUDGET / PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

MEMORANDUM

TO: Interested Parties

FROM: EMS *ja*

DATE: June 27, 1988

SUBJECT: Informal Board of County Commissioners Hearing

There will be an informal hearing held by the BCC on EMS matters.

Date: July 5, 1988

Time: 9:30 a.m.

Place: Board Room (6th Floor) Multnomah County Courthouse

Purpose:

The BCC will be provided a presentation by EMS staff on the following areas:

Ambulance Service Area Plan

Request for Credentials - 9-1-1 Emergency Ambulance Contracts

Request for Proposals - 9-1-1 Emergency Ambulance Contracts

Costing Definitions

The BCC will take public testimony. Testimony will be limited to _____ minutes per presenter.

BOARD OF
COUNTY COMMISSIONERS
1988 JUN 29 PM 1:33
MULTNOMAH COUNTY
OREGON

[CM-4468E-w]

Health Division
Department of Human Services

426 S.W. Stark Street - 5th Floor - Portland, Oregon 97204 - 248-3674

Emergency Medical Services
Policy Board Recommended
5/20/88

REQUEST FOR CREDENTIALS

911 Ambulance Contract
Multnomah County, Oregon

This document is intended to determine the qualifications of applicants to furnish emergency ambulance service to Multnomah County, Oregon and its inclusive incorporated municipalities.

EXHIBIT A

Contents:

	Page
I. Purpose	3
II. Nature of the Contracts	3
III. Term of Contract	3
IV. Description	3
V. Contract System Requirements	5
VI. Credentialing Evaluation Process	7
VII. Reimbursement	9
VIII. RFP Organization	10
IX. Submission Process	11
X. Minimum Credentialing Requirements	12
XI. Notification of Completion of Credentialing Process	18
XII. Attachments:	
a) Brief Description of the Portland Multnomah County Emergency Medical Services Rules System.	19
b) Multnomah County Code Governing EMS	
c) Emergency Medical Services Rules	
d) Basic Life Support Protocols	
e) Advanced Life Support Protocols	
f) Ambulance Service Areas for Multnomah County, Oregon	
g) ORS Governing Ambulance Services and Administrative Rules	
h) Quality Assurance	
i) Call Data Availability	

I. The Purpose of this Request for Credentials

Multnomah County will be seeking proposals for emergency and ambulance services in Multnomah County. Proposals will only be accepted from qualified applicants which will be determined by the criteria set out in this document.

II. Nature of the Contracts to be Awarded

There will be two contracts awarded for two ambulance service areas (ASA) (see map attachment F) to answer all 9-1-1 generated emergency calls within Multnomah County. The applicants must expect to provide Advanced Life Support (ALS) responses to all 9-1-1 generated emergency calls. An applicant may make proposals on both ASAs and may be awarded both contracts.

III. Term of Contract

The contract will be for a term of four years. The expected start date for this service is no later than July 1, 1989. The contract will include all customary standard provisions required by state public contracting law as well as county contract requirements, including, but not limited to insurance requirements, indemnification and budgetary limitations.

IV. Description

The area to be covered by this contract is all of Multnomah County divided into two ASA's. (See map attachment F.) This includes the cities of Portland, Gresham, Wood Village, Troutdale, and Fairview and unincorporated Multnomah County. The response area will be approximately 465 square miles. Population base in Multnomah County, according to the latest census, is 566,200. In addition, the population of Multnomah County increases during the day, because Portland and Multnomah County are the hub of a tri-county area and non-residents come into Portland to work or shop.

Multnomah County is currently served by 14 general and acute care hospitals. A trauma program is in place with OHSU and Emanuel Hospitals designated as level 1 trauma hospitals. An interim trauma program has been in place since February of 1985. Trauma statistics are available from this program and will be provided to potential proposers after completion of credentialing.

The current system within Multnomah County is governed by Multnomah County Code (MCC) and its rules (see Attachments b and c). MCC and its existing rules will probably not change substantially for the contractor. All applicants must become familiar with MCC and its rules which set forth requirements for response time, licensing, staffing, dispatch, mutual aid, trauma program, medical direction, and penalties.

Mutual aid is available in the fringe areas of Multnomah County by rule under MCC. Because of the extreme rural nature and geographical barriers in the extreme East and West ends of the County, applicants are encouraged to use mutual aid agreements to meet minimum response time requirements.

The current Multnomah County system uses four private ambulance service providers who are assigned ambulance service areas under the Oregon Revised Statutes. These current providers meet all Advanced Life Support criteria as set forth in MCC and its rules. In addition, a first responder program is available throughout the County by Portland Fire Bureau, and the fire departments of Gresham, Corbett, Skyline, and Sauvie Island. Gresham Fire Department, and Portland Fire Bureau are each Advanced Life Support first responders maintaining a total of eight ALS first responder rescues in their operations. First responders are governed under MCC and its rules.

Currently, all 911 call-answering and dispatch is provided from a central location in the County, through a contract between the Office of Emergency Medical Services and the Bureau of Emergency Communications. The Emergency Medical Services dispatch system functions under standard operating procedures, triage guidelines, pre-arrival instructions, and other medical administrative areas as determined by the Office of Emergency Medical Services. A computerized dispatch system is currently used, and information from this system is provided as a part of this credentialing document. Triage guidelines and pre-arrival instructions are similar to the Emergency Medical Priority Dispatching system. Dispatchers are trained to the emergency medical dispatch level as recognized by the State of Oregon.

The Office of Emergency Medical Services is responsible under Multnomah County Code (MCC) for the development of Basic Life Support and Advanced Life Support protocols. These protocols are attached for your information (d and e). Applicants must know the requirements of these protocols, which are not expected to substantially change when contractors are chosen.

The current Emergency Medical Services system uses a contract arrangement with the Hooper Detoxification Center to respond to and arrange transportation for some man-down calls in the central City area. These are calls which may be telephone-triaged as being alcohol-related, and they are not responded to by normal first responder or ALS ambulance. This has reduced the number of no patient transports in the inner-City area. The contractor for ASA 1 will be required to contract with Hooper Center to offer this service. A subsidy will be offered which will pay for a portion of the cost of this service.

The total number of responses for 1986 was 31,140. The total number of transports was 21,175.

V. Contract System Requirements

The responsibilities of the contractor and the office of Emergency Medical Services under the proposed contract for ambulance service for 911 calls for Multnomah County are outlined below.

Contractor Responsibilities:

1. The contractor for each ASA must furnish all vehicles and Advanced and Basic Life Support equipment per rule. This material is detailed in MCC and its rules. Also attached for the applicant's information are the ORS requirements (attachment G) which must be met.
2. The contractor for each ASA must furnish all mobile communications equipment. Currently the Multnomah County Emergency Medical Services program functions on UHF and VHF. The contractor for each ASA must furnish VHF mobile communications equipment capable of operating on 155.340 mhz with a digital encode capability. In addition, the contractor for each ASA must furnish mobile communications equipment for communication on Med-Nets 1, 4, 7, and 9. This mobile communications equipment must also provide for the technician to speak over the Med-Net radio from the patient compartment of the ambulance. Also UHF paging capability must be a part of the contractor-provided system. The paging on Med-Net-9 will be used for ambulance crew alerting and dispatch.
3. The contractor for each ASA must furnish all personnel needed to carry out the requirements of this contract. The personnel requirements are detailed in Multnomah County Code (MCC) and its rules. The requirement is two EMT IV's Oregon-certified on each Advanced Life Support ambulance. In addition, the contractor must furnish personnel sufficient for supervisory, billing and collection, and administrative functions.
4. The contractor for each ASA must furnish \$42,500 per year paid in quarterly payments to provide for medical administrative costs of the system. This amount may increase or decrease based upon proposals from the physician supervisor RFP. Currently ORS requires that each EMT above the level of 2 function with an immediate physician supervisor. The County will provide the physician supervisor for the contractor(s) at a total cost of \$85,000 (2 ASAs), as previously mentioned. The contractor(s) will not be required to carry liability insurance for the physician supervisor.
5. The contractor for each ASA must provide liability insurance to meet the minimum ORS and Multnomah County requirements as stated in Section VIII paragraph M.
6. The contractor for ASA 1 will contract with Hooper Center to provide inebriate outreach services.

EMS Responsibilities:

1. The Emergency Medical Services office shall furnish dispatch by 911 call-takers and dispatchers. This also includes the maintenance of the Med-Net radio system.
2. Provision of on-line medical control through a contract.
3. Physician supervisor for all 911 activities as detailed previously.
4. Liability provisions for the physician supervisor.
5. Support of continuing education for EMT's will be provided through a contract.
6. A taxi fund is administered by EMS, this allows for indigent ambulatory patients to be moved by paid-cab to a hospital, when their medical condition requires care, but not the services of an ambulance.
7. A subsidy will be paid to the contractor for ASA 1. The subsidy is intended to underwrite the major portion of the cost of inebriate outreach services.

VI. Credentialing Evaluation Process

To have the opportunity to respond to the RFP the applicant must meet minimum credentialing requirements which are detailed further in this document. If the applicant intends to propose for both ASA's, a separate credentialing document must be completed for each ASA. The applicants must use a different population and capital source for each credentialing. An applicant credentialed for both ASA's must have a total population served in VIII B of 250,000 and a total capitalization of \$550,000 in VIII C.

Upon completion of the credentialing phase the successful applicants will be presented with a Request For Proposal which sets certain minimum requirements and a mechanism for evaluation of each of those requirements. A point-ranking process will be followed for those responses which meet all the minimum requirements..

The credentialing process and the Request For Proposal have been prepared by the RFP Construction committee. This committee was chosen by the Emergency Medical Services Policy Board at its December 15, 1986, meeting. That committee is made up of the Emergency Medical Services director, a representative of the Medical Advisory Board, a citizen-at-large, a Multnomah County Medical Society representative, a representative of County Counsel, a Multnomah County representative of small business, and an Emergency Medical Technician-Paramedic representative. This committee will conduct the credentialing evaluation and the pre-proposal hearing for all potential proposers.

The evaluation of the RFP will be made by another committee, composed of the EMS director, Medical Advisory Board member, two citizens-at-large, Multnomah County Medical Society representative, County Purchasing representative, and Emergency Medical Technician representative. All the members of this committee with the exception of the Emergency Medical Services director, will be different from the previously mentioned committee. The Medical Advisory Board will review and make recommendations to the evaluation committee concerning the selected provider's medical areas of the proposal.

The monitoring process for the contract will be through the Emergency Medical Services office. In addition, the Medical Advisory Board will provide contractor monitoring in the medical areas in concurrence with the single physician supervisor as contracted by the Office of Emergency Medical Services. Quality assurance as designed and accepted by the Medical Advisory Board and as detailed in an attached document (attachment H) will remain in existence as a subcommittee of the Medical Advisory Board. System accountability will be the responsibility of the Medical Advisory Board and the Emergency Medical Services office. The Emergency Medical Services office will maintain a prospective and retrospective quality assurance process with regard to both medical and system accountability issues. A citizens' rate committee will review proposed rate increases or decreases and will have the responsibility for semiannual public hearings and rate reviews for the contractor. This rate review committee will be made

up of representatives of the contractor as well as representatives of the general public. This committee will not be able to make final determination on rate increases or decreases but will have the ability to recommend these changes to the Emergency Medical Services Policy Board and the Multnomah Board of County Commissioners.

VII. Reimbursement

The proposed Multnomah County Emergency Medical Services system as described here will be paid for by the user; the contractor(s) must not expect any subsidy from Multnomah County or any of the incorporated cities within this jurisdiction. Except that the contractor in ASA 1 will receive a subsidy to assist in funding inebriate outreach services.

VIII. RFP Organization

The Request For Proposal will be organized in six areas; personnel, communications, medical, equipment, business practices, safety net. The RFP will describe minimums under each of these component areas which must be met by each proposer and will ask proposers to provide information as to how the minimum requirements will be met and to state any additional services the proposer will provide to improve the level or quantity of service established by the minimum requirements.

The RFP will allow a proposer to propose for only one of the two ASA's or for both ASA's. If the proposer is proposing for both ASA's, each proposal will be provided separately and judged on its merits as a "stand alone" proposal.

IX. Submission Process

Applicants for the credentialing process must provide all information as requested in this document to:

Multnomah County Purchasing, 2505 SE 11th Avenue, Portland, Oregon 97202, telephone number (503) 248-5111, contact person Franna Ritz.

All information must be submitted with no fewer than 15 copies three-hole punched. Late applications will not be accepted.

The following is general information which must be addressed on the initial pages of an applicant's credentialing document. If this information is not provided the applicant will not be credentialed.

- . Name and address of organization.
- . Name of organization's liaison for the credentialing process.
- . List of names, addresses, and share of ownership of all owners of the organization.
- . Brief narrative description of the organization's holdings together with the organization's chart depicting the company's infrastructure.
- . List of financial interests of the organization or parent company in other related businesses and a description of those related businesses.
- . Brief narrative description of services currently provided by the applicant.
- . Brief history of the organization's involvement in delivery of Advanced Life Support services over the last ten years.

X. Minimum Credentialing Requirements

The following minimum credentialing requirements must be met by each applicant. A recommended method of how to demonstrate each of these minimum credentialing requirements is included in a narrative following the requirement. The information must be provided in the credentialing document in the order listed here. If the applicant expects to propose for each ASA, a separate credentialing document must be provided for each. The "second" credentialing document can refer to the specific areas of the first document in all areas except VIII A2, VIII C, and VIII H.

A. The applicant must meet either 1 or 2 below:

1. The applicant must have been licensed by Multnomah County to provide ambulance service for the calendar years of 1986 and 1987 and during that period must have provided advanced life support care as defined by the Multnomah County advanced life support and basic life support protocols. The necessary experience may have been gained as a first responder at the ALS level or by providing ALS transport in Multnomah County.
2. If the applicant does not meet number 1 above, the applicant must have served a population of at least 125,000 with primary (exclusively served with at least 90 percent of the care and transport) advanced life support services for the last two calendar years. The population must be contiguous (may cross geopolitical lines) and be verified by census data.

The applicant must furnish proof of ambulance licensure within Multnomah County, if it has such, or documentation of advanced life support service to a population of at least 125,000 to meet the above credentialing requirements.

Proof of requirements having been met must be furnished by attached census data and proof from the jurisdictions served that the ambulance supplier is the primary provider of Advanced Life Support in those areas for the required period of time.

If the required information is not furnished or the data does not support the minimum population base and length of service, the applicant will not be credentialed.

- ### B. The applicant ~~must have~~ a response time to the previously served population base of no greater than 8 minutes 90 percent of the time. This must be calculated from the most recent 12 months. If a different response time standard is in place, it must be stated but converted to the 8 minute/90 percent scale. The existing response time required in the former system must be currently met or exceeded. This must be for the last 12 months.

The state, region, county, or city regulator of the operation used to qualify under Section VIII paragraph A above must provide documentation which establishes that the above mentioned response time was met.

If there is no regulator of response times, the applicant must furnish validated information establishing the satisfaction of the requirement; the validity of the information must be by a sworn statement attached to the response time material. If the required information is not provided or the information demonstrates a deficiency in response-time, the applicant will not be credentialed.

- C. The applicant must demonstrate sufficient existing capital or credit to establish the ability to operate this system with little or no cash flow for 45 days. The amount demonstrated must be no less than \$225,000. This amount may be made up of either assets to be dedicated to the system or credit line. Accounts receivable may be used if the income is dedicated to the Multnomah County contract. The accounts receivable must be no more than one year old and discounted 40 percent.

Documentation must be provided from a recognized source (CPA, bank, other lending institution) stating that the applicant can meet the above requirement. If the required information is not provided or the minimum capital is not available the applicant will not be credentialed.

- D. The applicant must provide an audited or reviewed operating statement for the last two fiscal years and the most recent balance sheet (within 12 months). If this information is marked as proprietary it will remain confidential information and not be a part of the public record.

This information must be provided in such a way that it adequately provides information as to the financial stability of the applicant. The information need not include more than the information for the company which is serving the population used in Section VIII, paragraph A above.

The exception to this is if a joint venture or consortium of operators process is used. (See paragraph H.)

If the required information is not provided or the statements show unsound business practices the applicant will not be credentialed.

- E. The applicant must provide information which verifies its current business structure, and its having met the appropriate state legal requirements for establishing such a structure (corporate certificate, articles of incorporation).

Applicants not meeting the legal requirements in the area used in Section VIII, paragraph A, will not be credentialed.

F. A Dunn and Bradstreet rating, if available.

A Dunn and Bradstreet rating must be provided if available and it must be the most current.

If a Dunn and Bradstreet rating is not available, this must be so noted.

If an applicant does not provide a Dunn and Bradstreet rating when it is available, the applicant will not be credentialed. The lack of a Dunn and Bradstreet rating in and of itself will not disqualify an applicant in the credentialing process.

G. The applicant must present demonstrated billing experience to include billing practices with no less than a 60 percent collection rate. Also, the ability to work with third party payors as evidenced by letters from the Medicare and Medicaid fiscal agents must be demonstrated. If the applicant does not possess this billing experience, a proposed billing process must be explained and any present or past parallel billing experience must be included.

The applicant must provide proof from a CPA that current experience is at least a 60 percent or above collection rate in the population served in Section VIII, paragraph A. Also needed is a letter from the Medicare and Medicaid fiscal agents for the area served in Section VIII, paragraph A, stating that the applicant is performing adequately in billing procedures.

Failure to supply proof of the collection rate or having a collection rate lower than 60 percent will cause the applicant to fail credentialing if it is currently providing billing activities. Failure to supply proof of satisfactory billing procedures from Medicare and Medicaid fiscal agents will cause the applicant to fail the credentialing process if it is currently providing billing activities. In the absence of the applicant's providing billing activities, the applicant must provide a detailed description of the billing process it will use, and it must provide the educational process it will use to acquaint personnel with third-party billing methodology. Failure to provide the description of billing practice process or educational process or its insufficiency to adequately accomplish billing will cause the applicant to fail the credentialing process.

H. A consortium of operators may apply as an applicant. Each individual member of such an applying consortium must meet all minimum credentialing requirements listed (below/above) except that a pooling of capital or credit will be allowed to meet the \$225,000 required in Section VIII, paragraph C. Each individual member of that consortium must, not later than at the time it submits its credentialing materials, contractually accept equal liability with all other consortium members for all compliance with legal and contractual requirements if the consortium receives the contract, and joint and several liability with each other

consortium member for any tort, rule infraction, or penalty, and must guarantee that all legal and contractual requirements will be met. Written documents confirming the precise nature of the legal relationship between the members of the consortium must be furnished. The structure of the consortium must be fully explained. The consortium's legal counsel (who must be admitted to practice in Oregon) must provide an opinion letter confirming without qualification that the consortium agreement is valid, binding, and not illegal under state or federal laws.

In the event that the required information is not provided, the applying consortium will not be credentialed.

- I. The applicant must provide ALS and triage protocols from the system used in the credentialing population. These protocols must demonstrate a level of medical care similar to that of the current Multnomah County system.

The Advanced Life Support protocols must be included as a part of the credentialing document. The Advanced Life Support protocols must be clear and concise and describe the relationship of off-line and on-line medical direction or control.

Triage protocols which are used for telephone answering, and/or field triage from Basic Life Support to Advanced Life Support or Advanced Life Support to Basic Life Support must be included. These protocols must also include any pre-arrival instructions which are used by EMS call-takers and dispatchers as well as any other pertinent information. In the event that the required information is not provided, the applicant will fail the credentialing process.

- J. The applicant must furnish a description of medical control from the system used as a credentialing population, and this description must demonstrate a degree of medical control similar to that of the present Multnomah County system.

The description of medical control must include off-line and on-line medical control. Current quality assurance must also be included as a portion of the description of off-line medical control.

In the event of failure to provide a description of medical control, the applicant will not be credentialed.

- K. The applicant must furnish the drug list from the system used as the credentialing population and it must be at least equal in content to the drugs needed to provide Advanced Life Support as listed in the Advanced Life Support protocols in Section VIII, paragraph I.

The drugs carried on each ambulance must be provided under this heading and listed as to the dosage carried. In addition, a listing of IV fluids must also be considered part of this requirement.

In the event of failure to provide the drug list or failure of the drug list to provide for pre-hospital care according to the standards as set forth in the Advanced Life Support protocols in Section VIII, paragraph I, the applicant will fail credentialing.

- L. The applicant must furnish a letter or letters from state, regional, or local authorities stating that it has been in substantial compliance with all rules and regulations in all areas served for the past two years.

Letters must very clearly state that the applicant has been in substantial compliance. All infractions which may be noted by state, regional, or local authorities must be fully explained. In addition, a letter from the applicant reflecting on the circumstances for each infraction noted must be provided.

Failure to provide these letters or failure of the applicant to be in substantial compliance will cause the applicant to fail in the credentialing process.

- M. The applicant must provide proof of liability insurance coverage carried for credentialing in the amounts of: combined single limit for bodily injury and property damage (vehicular) \$500,000 minimum, malpractice \$1,000,000, and umbrella liability \$1,000,000. If the applicant uses self-insurance, proof of the self-insurance must be provided. Also the self-insured must provide proof that its program meets all of the legal requirements of the state in which it is legally based.

Proof of insurability to the minimum stated or required by the credentialing population system must be provided by the applicant's insurance company. If the credentialing population system does not require insurance at the current stated amounts, the applicant must provide a letter from its insurance agent stating that the applicant is able to obtain insurance at the amounts stated.

Failure to provide ~~proof~~ proof of insurability, self-insurance, or enough information to assure proof of insurability will cause the applicant to fail the credentialing process.

- N. The applicant must present proof of maintenance of an affirmative action plan as described by the U.S. Department of Labor, or proof that the applicant is in active pursuit of an affirmative action plan and proof of maintenance with the plan.

Applicants must provide a copy of this plan or documentation that states their position in implementation of an affirmative action plan. In the event of failure to provide a copy of this plan, or the required information for plan implementation, the applicant will not be credentialed.

- C. The applicant must provide a description of the peer review process and internal quality assurance program which is used in the credentialing system (Section VIII, paragraph A).

The program and process must demonstrate a method for identifying problems by prospective and retrospective review and the specific measures which are undertaken to solve the problems. The following areas must be considered by the process: response times in excess of the standard of the system, substandard EMT performance, EMT deviation from protocols or on-line medical direction disputes at the scene, or billing irregularities. In addition, the process for handling (including outcome) complaints from the medical community and public must be described.

The applicant must include for the past two years any and all correspondence from any system-wide quality assurance process and outcome within the ambulance operation which the quality assurance process has caused. In addition, any significant protocol deviations, lack of following medical direction (on-line or off-line) or patient death where questionable care was rendered by the EMT, must be provided (name of patient, EMT, date, location, or any other identifying factors deleted).

If the information required is not fully provided or the information demonstrates that the applicant has no peer review process or internal quality assurance, the applicant will not be credentialed. If the information demonstrates noncompliance with medical control, response time criteria, or a substandard quality of pre-hospital care as evidenced by many protocol deviations or high patient morbidity or mortality, the applicant will not be credentialed.

XI. Notification of Completion of Credentialing Process

Purchasing will notify each applicant in writing by
approximately _____ as to the outcome of the credentialing
process.

Any applicant that fails the credentialing process may appeal that
action to the Board of County Commissioners via the Multnomah County
Purchasing Director within five days of written notification.

A. BRIEF DESCRIPTION OF PORTLAND-MULTNOMAH COUNTY EMS SYSTEM

1. Population served: 566,200
2. Political units: Multnomah County, cities of Portland, Gresham, Troutdale, Fairview, and Wood Village
3. EMS calls per year: 31,000 in 1986
4. Notification and dispatch: 911 is available throughout the County.

Medical calls received via 911 are transferred to EMS Central Dispatch. Through the use of a computer aided dispatch system, requests for medical assistance are triaged and the appropriate ambulance and fire units are dispatched.

EMS dispatchers provide pre-arrival instructions to callers over the telephone until aid arrives.

Average Process Time;

88 seconds. This includes non-emergency calls.

5. Response:

First Responders:

75+ apparatus are operated by the 5 fire departments with the County. The personnel on these units all have received at least Crash Injury Management training with the majority trained and certified as EMT-I.

All departments provide first response to life-threatening medical emergencies. Five fire departments respond to all medical emergencies. Five fire departments respond to all medical calls. Two fire departments have a total of eight transport capable ALS rescue units. In addition, two ALS first responder fire apparatus are used.

6. public accountability (see organizational chart attached):

- A. Multnomah County passed an FMS Ordinance in 1980 which authorized a Policy Board to oversee licensing and recommend rulemaking in an EMS system.
- B. The City of Portland and the East County cities of Gresham, Fairview, and Wood Village signed agreements with Multnomah County in 1980 authorizing enforcement of the ordinance. The City of Fairview signed an agreement in 1985.
- C. The EMS Policy Board is composed of the Multnomah County Executive, a Portland City Commissioner, and a representative of the mayors of the East County cities.
- D. The Policy Board meets approximately two times per year in public hearings to recommend to the Board of County Commissioners the amendment, adoption, or repeal of administrative rules concerning the EMS system.
- E. The City-County Office of EMS is responsible for the administration of the EMS Ordinance and Rules.
- F. A Medical Advisory Board composed of four physicians, a nurse, and two paramedics must approve all rules to be adopted by the Policy Board which directly concern patient care. To date, the Board has written a standard set of ALS Treatment Protocols, as well as protocols concerning the use of on-line medical control.

7. Medical Accountability:

Off-Line Medical Control:

- A. The ambulance contractor(s) and the fire departments will have the same EMS physician supervisor.
- B. A uniform set of Treatment Protocols has been adopted by rule for use by all ALS providers in the system.
- C. All providers must use the Treatment Protocols written by the Medical Advisory Board.

On-Line Medical Control

- A. The Oregon Health Sciences University (OHSU) provides a single and centralized source of physician advice to paramedics in the field via UHF radio and telephone.

Quality Assurance

- A. A quality assurance committee does provide for random sample and specific case review with regard to call dispatch, appropriateness of patient care, and hospital use. (See attachment h.)

8. CPR Training:

The following organizations and groups conduct regular CPR Training in the community:

American Red Cross
American Heart Association
Area Hospitals
Private Companies

9. Present Providers:

AA Ambulance	Portland Fire Bureau
Buck Ambulance	Gresham Fire Department
(Willamette Falls Ambulance)	Skyline Fire Department
Tualatin Valley Ambulance	Sauvie Island Fire
(Southwest Ambulance)	District 14 Fire
CARE Ambulance	

ORGANIZATION CHART

Multnomah County Board of County Commissioners

County
Commissioner

Policy Board

Portland Fire and
EMS Commissioner

E. County
Mayor
Representative

City/County Health Officer
Director of EMS

(7) Medical
Advisory
Board

Provider Board
All Licensees

4 Physicians
 (1) Medical Society
 (2) Emergency Physicians Association
 (3) Medical Resource Hospital
 (4) At Large

1 Nurse
2 Paramedics

HISTORY OF EMS IN PORTLAND - MULTNOMAH COUNTY

- 1913 Buck Ambulance incorporated as city's first private ambulance company.
- 1966 City Club recommends regulation of ambulance services.
- 1969 Dr. Leonard Rose trains first paramedics at Buck Ambulance in cardiac defibrillation.
- 1971 City Club recommends adoption of county-wide ordinance.
- 1974 State of Oregon Established EMT training.
- 1975-6 Multnomah County EMS Advisory Council prepares draft of ordinance.
- 1978 City and County agree to establish representative EMS system.
- 1980 Multnomah County enacts comprehensive EMS ordinance. Portland, Gresham, Troutdale, Wood Village approve agreements.
- 1981 Central Dispatch initiated.
Licensing begins.
911 implemented.
- 1982 Central Dispatch converted to computer-aided system.
On-line medical control implemented.
Standard Treatment Protocols adopted.
- 1983 Two EMT-4s required on all emergency ambulances.
Ambulance districts reduced from twenty-eight to six.
- 1985 Trauma system implemented with nation's first computer processing of available hospitals.
- 1986 Rate Study Task Force recommends a single emergency ambulance provider chosen by competitive bid.
- 1987 Circuit Court rules on case brought against EMS by ambulance companies, judge rules County cannot be one ambulance service area and Policy Board cannot make rules.
- 1988 EMS ordinance revised to provide rule-making responsibility to Multnomah Board of County Commissioners.

Attachment I

The call data of calls for ambulance service through 9-1-1, formulated upon geocode base, and hour of day, compiled for the first nine four-week periods of 1987, and the data of all over-eight-minute response times by an ambulance, by geocode base and specific address, is available upon request.

This information, in a more complete form, will be a part of the RFP. The present data has not been checked for its accuracy with regard to the data itself or the actual computer printouts.

If you determine it would be beneficial for your organization to have this data, it can be obtained by contacting Multnomah County Purchasing and requesting the data. The cost for this material will be \$83 plus postage and handling.

Multnomah County Purchasing
Franna Ritz, Buyer, (503) 248-5111
2505 SE 11th Ave.
Portland, OR 97202

Emergency Medical Services
Policy Board Recommendation
May 20, 1988

Request for Proposal

for

Call Answering Ambulance Service for all
911 Generated Calls Within ASA 1 Multnomah County, Oregon

Date

Exhibit B

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I. Appendix

1. Multnomah County Code 6.31.005 through 6.31.990
2. Map of Multnomah County Showing 2 Ambulance Service Areas and a description of ASA boundaries
3. Hospital listing Multnomah County
4. EMS Dispatch Information concerning calls generated
5. Basic Life Support Protocols
6. Advanced Life Support Protocols
7. Physician Supervisor RFP Description
8. Area Trauma Advisory Board Trauma Plan
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12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
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16. EMS Dispatch Triage Guide
17. EMS Continuing Education Program Description
18. EMT training institutions in Multnomah County
19. EMS TAXI Program
20. EMS Dispatch SOPs
21. Multnomah County ASA plan

A. STATEMENT OF PURPOSE

Multnomah County is requesting proposals for contracts to provide emergency ambulance services within Multnomah County which meet the requirements and conditions set forth in this document.

The contract which will be awarded will include standard provisions required by state public contracting law as well as county contract requirements. Those provisions will include, but not be limited to, insurance requirements, indemnification, budgetary limit actions, compliance with state and federal tax laws, access to records, and affirmative action goals.

B. Program Objective

The Emergency Medical Services Office intends to obtain emergency medical care responses and transports to all 9-1-1 generated medical calls within Multnomah County ASA 1 to achieve the greatest efficiency (cost) and effectiveness (care delivery) available.

It is the policy of Multnomah County that selection of contractors who provide a service to the county will be made in an open and competitive manner.

C. Background

System Description - The EMS System in Multnomah County is governed by Multnomah County Code (MCC) 6.31.005 through 6.31.990 and Emergency Medical Services (EMS) Administrative Rules. These are a portion of the requirements which must be met for contractor consideration and ongoing compliance with the contract.

Multnomah County is 465 square miles with a population base of 566,200.

Emergency Medical Services Dispatch generated ambulance call data to include number of responses, number of transports for 1985, 1986, 1987, and until the present, is included as part of this proposal as appendix 4.

The Emergency Medical Services communications system is described in appendix 14.

Emergency Medical Services Dispatch description (see appendix 15, 16, 20).

Basic Life Support Protocols and Advanced Life Support Protocols are included as appendix 5 and 6.

The Physician Supervisor RFP and contract descriptions are included as appendix 7.

The Area Trauma Advisory Board I Trauma Plan is included as appendix 8.

The CHIERS contract and program description for ASA I are included as appendix 9.

A description of the Taxi Program is included as appendix 19.

C. Proposer Instructions

1. Respondents must submit an original and 23 complete copies of the proposal to: Purchasing Director, Multnomah County, 2505 SE 11th Avenue, Portland, OR, 97202, no later than 2:00 p.m. on _____. Late proposals will not be accepted. An optional pre-proposal conference will be held on _____ at _____. Questions to be considered at the pre-proposal conference must be submitted in writing to the Purchasing Director Multnomah County no later than _____.
2. The proposer must respond to the RFP in a format which identifies the proposal in the same manner as the RFP notations (i.e., 1 Personnel 1.A.(a)). This will allow the Evaluation Committee to use the RFP and evaluation outline. If the proposer does not follow this format, the proposal will be considered non-conforming and will not be evaluated.
3. The proposal will be evaluated using two procedures. All category A minimum requirements must be met. Those proposals meeting all of the category A requirements will then be scored in category B areas.

If a proposal is evaluated as being non-responsive in a Category A requirements area, it will be rejected.

4. The original proposal and copies must be bound or in ring binders.
5. Award Cancellation

Multnomah County reserves the right to cancel award of the contract at any time before execution of the contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of award. The bidder assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

6. Clarification or Protest of Specifications

Any proposer requiring clarification of the information or protesting any provision herein, must submit specific comments in writing to:

Director of Purchasing
2505 SE 11th Avenue
Portland, OR 97202

The deadline for submitting such questions or comments is _____. If, in the director's opinion, additional information or interpretation is necessary, such information will be supplied in the form of an Addendum which will be delivered to all individuals, firms and corporations having taken out specifications and such Addendum shall have the same binding effect as though contained in the main body of the specifications. Oral instructions or information concerning the specifications or the project given out by County managers, employees, or agents to prospective bidders shall not bind Multnomah County. All Addenda shall be issued by the Purchasing Director not later than five (5) days prior to the proposal deadline.

7. Rejection of Proposals

Multnomah County reserves the right to reject any or all responses to this Request for Proposal.

8. Cost of Preparation of Response

Costs incurred by any proposer in the preparation of the response to this Request for Proposal are the responsibility of the proposer agency and will not be reimbursed by the County.

9. State Law Compliance

The successful proposer agrees to make payment promptly as due to all persons supplying such successful proposer with labor or materials for the prosecution of the work provided for in this contract, and that said successful proposer will not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished and agrees further that no person shall be employed for more than eight hours in any one day, or forty hours in any one week; unless in case of necessity or emergency, or where the public policy absolutely requires it, and in such case to pay wages in accordance with the provisions of ORS 279.334 and ORS 279.338, where applicable.

The successful proposer agrees that should the successful proposer fail, neglect or refuse to make prompt payment of any claim for labor or services furnished by any person for the prosecution of the work provided in this contract as said claim becomes due, whether said services and labor be performed for said successful proposer or a subcontractor, fail, ~~neglect~~, or refuse to make all contributions or amounts due the State Industrial Accident Fund or to the State Unemployment Compensation Fund, and all sums withheld from employees due the State Department of Revenue, then and in such event the said County and the other proper officers representing said County may pay such claim or funds to the person furnishing such labor or services or to the State Industrial Accident Commission or to the State Unemployment Compensation or to the State Department of Revenue and charge the amount thereof against funds due or to become due said successful proposer by reason of his said contract, but payment of any such claims in the manner herein authorized shall not relieve the successful proposer or his surety from his or its obligation with respect to any unpaid claims.

The successful proposer shall promptly, as due, make payment to any person, copartnership, association or corporation furnishing medical, surgical or hospital care or other needed care and attention incident to sickness or injury to the employees of such successful proposer of all sums which the said successful proposer agrees to pay for such services, and all monies and sums which the successful proposer may or shall have deducted from the wages of his employees for such services.

10. Equivalent Products

Product brands or models, if stated or implied by the specifications, indicate type, design, and quality desired, and shall not restrict proposer to one manufacturer. Products which meet or exceed specification requirements for design, quality, and functional utility will be considered. Ref. ORS 279.017.

If the proposal includes an equivalent item, include descriptive information brochure and/or specifications sufficient for the County to make a determination as to equivalency.

Any variations from specifications on equivalent products must be itemized.

11. Assignment

Neither the resultant contract nor any of the requirements, rights, or privileges demanded by it may be sold, assigned, contracted, or transferred by the Contractor without the express written consent of the EMS Director of Multnomah County.

12. Nondiscrimination in Employment

The successful proposer's attention is directed to the provisions of Oregon Revised Statutes, Chapter 659, prohibiting discrimination in employment.

E. Proposal Elements

1-A Personnel: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 23 for evaluation criteria):

- a. Two EMT-4s for each Advanced Life Support ambulance within the county. These EMT-4s must be currently Oregon Certified Emergency Medical Technician 4s.
- b. At least the following minimum wage for each EMT-4 to be employed:
 - A minimum salary per annum of \$17,400 (based upon FLSA defined working hours).

- c. Employee benefits with at least a value equal to 30% of the total gross payroll (of each EMT-4 employed in direct patient care services). The benefits must include:
 - 1) Legally required benefits (as defined by U.S. Department of Labor).
 - 2) Retirement program which vests in five years with all proceeds returned to vested members. The retirement program must be portable to the next contractor (see evaluation criteria).
 - 3) Other benefits at the discretion of the employer in accordance with labor agreements.
- d. The process for personnel accessibility at time of recontract. The process must address the procedure that would be followed in the event of contractor failure which provides for access to personnel during the time period between contractor notification of substandard contract performance and actual contractor failure or contract revocation.
- e. A new employee hire program for the first six months of the contract which:
 - 1) Hires EMT-4s who have worked for a Multnomah County licensee since at least July 1, 1987 with no loss of wage level or benefits accrual level for those EMT-4s hired by the new contractor.
 - 2) Hires EMT-4s who have worked for a Multnomah County ALS licensee since July 1, 1987 in preference to other applicants. This employee preference hiring is to consider "working in Multnomah" EMT-4s as appropriate hires if they meet the contractor's knowledge and performance criteria.
- f. A program for continuing education which provides the EMT-4s with adequate training to meet the minimum recertification requirements. The program must consider and incorporate:
 - 1) Coordination with the county continuing education program as described in Appendix 17.
 - 2) A process for recognition of quality of care problems (internal peer reviews) and the educational process to correct the recognized problems.
 - 3) Coordination with the quality assurance program as described in Appendix 11.
 - 4) Cooperation with the EMT training facilities located in Multnomah County. (See Appendix 18.)

1-B The proposal will be scored on how it proposes plans to reach the following system goals which are above the minimum acceptable requirements as listed for personnel (see page 24 for evaluation criteria).

- a. A unit hour utilization* with highest and lowest rates acceptable to maintain EMT knowledge and skills but does not cause "job burnout." The plan as presented may consider less than 24-hour vehicles and may also consider higher pay scales for those employees at higher utilization rates. The plan must state staffing patterns by hour and day per week, the housing and standby station procedures to be used. These must be applied in 2A-0 in the system status plan. The system status plan prepared for section 2A-0 must be provided to comply with this section.

30 pts.

*Unit hour utilization is defined as the total number of transports divided by the number of staffed hours per shift (3 transports - 12 hours = .25). The proposer in considering utilization rates must use the following standards: eight minute response, twenty minute on scene time, fifteen minute hospital transport time, seventeen minute chart and clean-up time. The highest and lowest rates are evaluated with the above fixed variables. If less than 24-hour staffing is used, the unit hour utilization figures must also be listed.

- b. A proposal which describes the management structure of the contractor. The proposal may consider:

1) The ratio of ambulance EMT-4s on duty to on duty field supervisors (above the level of senior EMT on the ambulance).

9 pts.

2) The names, curriculum vitae, and current job status of at least the following: operations manager, business manager, training coordinator.

15 pts.

- c. A proposal which describes an employee benefit plan or pay incentive which provides a higher level of employee benefits or pay than is required. The purpose of this proposal must be to encourage employee stability as well as attracting the best EMT-4s available. Also, ~~in-place~~ EMT-4s with seniority of service shall be given preference in hiring and wage scale due to knowledge of the Multnomah County geography, hospitals, and EMS system.

45 pts.

2-A Communications: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 25 for evaluation criteria):

- a. Each vehicle of the contractor shall be equipped with a radio which shall be used to send and receive information over the central dispatch frequencies. In addition, the radio must be able to transmit and receive on Med-1, 4, 7, 9, and 10. A personnel alerting system which will be used on Med-9 to alert the ambulance crew of their need to respond to a call is required and must be described. The radio must be capable of transmitting outside of the vehicle (porta-mobile).
- b. The contractor shall promptly advise EMS Central Dispatch when a change in personnel or equipment on a vehicle results in the vehicle's classification changing from ALS or BLS. A Standard Operating Procedure accomplishing this must be provided.
- c. Each morning, at a time specified by the Office of Emergency Medical Services, the contractor shall advise EMS Central Dispatch of the following for each vehicle: The present status, the EMT certification numbers of the crew members, and whether the vehicle is an ALS service. EMS Central Dispatch shall be informed immediately of any personnel changes on a vehicle. A Standard Operating Procedure accomplishing this must be provided.
- d. If the contractor receives requests for emergency medical assistance from a source other than 9-1-1, the contractor must use the current Multnomah County EMS triage guidelines to process these calls. A Standard Operating Procedure accomplishing this must be provided.
- e. Only EMS Central Dispatch may cancel or revise a dispatch order. Vehicles arriving at the emergency scene shall promptly advise EMS Central Dispatch of information relevant to whether a dispatch order should be canceled or revised. A vehicle which receives a cancellation order may continue to the scene of an emergency, provided that EMS Central Dispatch is so advised and the vehicle's emergency lights and siren are not employed. A Standard Operating Procedure accomplishing this must be provided.
- f. The crew of each vehicle of the contractor shall promptly inform EMS Central Dispatch of the following changes in status by radio: In service at station, ~~in service~~ out of station, location or destination shall be stated, in service at scene of emergency, enroute to emergency scene, arrived at emergency scene, enroute to hospital or medical facility from emergency, arrived at hospital or facility from emergency scene, returned to service, out of service. A Standard Operating Procedure accomplishing this must be provided.

- g. Contractor's vehicle crews shall use the ten codes attached to this RFP as Appendix 13 when communicating with EMS Central Dispatch. Each ambulance crew shall be equipped with one tone-coded pager or radio which allows direct access of EMS Central Dispatch to the ambulance crew. The contractor's ambulance crews must provide the following information to EMS Central Dispatch by radio for each ambulance responding to an emergency as directed by EMS Central Dispatch. When an ambulance is dispatched from other than its base, it shall be identified. When the ambulance is enroute to a hospital or other medical facility, the number of patients being transported, response code, and the identity of the hospital or facility shall be stated. When an ambulance does not transport a patient, the reason for this action shall be identified. The Standard Operating Procedure accomplishing this must be provided.
- h. All patients requiring transport by ambulance (using the most current BLS and ALS treatment protocols) must be transported in the responding ALS ambulance but must be billed as determined by the billing procedure as defined per Appendix 19. The ALS ambulance may make appropriate use of the CHIERS and TAXI programs as described in Appendix 9 and 19.
- i. EMS Central Dispatch may request an Advanced Life Support ambulance from outside Multnomah County to respond in Multnomah County to a medical emergency if the expected response time of the ambulance in Multnomah County exceeds ten minutes and the out-of-county ambulance is closer to the emergency than any other Multnomah County ambulance, and the out-of-county ambulance meets ALS ambulance requirements as established by the Oregon State Health Division. The Standard Operating Procedure accomplishing this must be provided.
- j. The contractors shall utilize helicopter ambulance service in Multnomah County (Life Flight) when it is determined that transport of a seriously ill medical patient or trauma patient would be more advantageous by helicopter than by ground ambulance. A Standard Operating Procedure accomplishing this must be provided.
- k. The helicopter ambulance will be requested through EMS Dispatch. A Standard Operating Procedure accomplishing this must be provided.
- l. The contractor may provide ambulance service for a special event in the city or county. A Standard Operating Procedure accomplishing this must be provided.
- m. At any time the contractor stands by at such an event, the contractor shall advise the EMS Office and EMS Dispatch by letter one week prior to the date of the event the following information: Date and time of the event, location of the event, name of the person responsible for arranging ambulance coverage for the event. A Standard Operating Procedure accomplishing this must be provided.

- n. The contractor shall respond to 90 percent of the calls within their service area in eight minutes or less measured from the time of dispatch and until the time the unit is on the scene. Time will be calculated in minutes with any seconds over the minute considered the next minute (7 minutes 04 seconds becomes 8 minutes). The contractor is fully responsible for ambulance crews being available for notification of a call. EMS Records will be the final authority in response time determination. No area (geo-code) of the county may be consistently underserved (for a period of two or more months). A statement from the proposer which acknowledges this set of requirements and methodology for determining compliance must be provided.
- o. The proposer must furnish a system status plan for a one-month period. The month must include a major holiday (Thanksgiving, Christmas, New Year, or July 4th) and the call volume must be projected based upon the provided EMS call data in Appendix 4. The system status plan must include: number of ambulances, hours which each ambulance is staffed, location of ambulances by hour of day and day of week, and number of transports per ambulance per shift expected. This information will also be used to award points in section 1B-a.
- p. The contractor shall not monitor or intercept police or other radio dispatcher transmission for profit or gain. Contractor shall not fail or refuse to promptly advise Emergency Medical Services Dispatch Office of receipt of a request for emergency medical assistance or when a licensee's ambulance becomes available or non-available to respond to dispatch orders. The contractor shall not respond by ambulance to an emergency call unless so authorized by the EMS Central Dispatch Office. The Contractor shall not fail or refuse to respond to a dispatch order from EMS Central Dispatch Office when the ambulance subject to the call is available for service. The ambulance contractor shall not refuse to transport any patient in need of emergency medical care regardless of the patient's ability to pay. A Standard Operating Procedure which accomplishes this must be provided.
- q. Contractor shall defend, indemnify and hold all first responders harmless from and against all claims, damages, losses, and expenses, including attorney's fees arising out of and resulting from the performance of services by first responders under the direction or control of the contractor.

Contractor shall maintain at all times during the performance of the contract comprehensive general, auto, and professional malpractice insurance endorsed to show first responders as additional named insureds. A statement from the proposer insurance agent and the "hold harmless" language must be provided which demonstrates this coverage.

- r. Contractor must provide first responder transportation to the appropriate fire station from the hospital when the first responder accompanies the patient to the hospital. The transportation should be furnished in such a way that the first responder is returned to the fire station in no more than thirty minutes from hospital arrival time. A description of and the Standard Operating Procedure which accomplishes this must be provided.
- s. Proposer must propose to provide mutual-aid agreements with the ambulance service in each adjoining ambulance service area. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
- t. Contractor must provide for no more than 5 percent per four-week period of calls to the Multnomah County ambulance service area to be answered by an out-of-Multnomah County licensed Advanced Life Support ambulance provider or the adjoining Multnomah County ASA provider unless the contractor is one and the same. A description of and the Standard Operating Procedure which accomplishes this must be provided.

2-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements as listed above for communications (see page 26 for evaluation criteria).

- a. The importance of EMS dispatch and contractor interaction to make efficient use of ambulances. The plan may include dispatch assistance through an automatic vehicle locator system.

15 pts.

3. Medical: 3.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 27 for evaluation criteria):
- a. The Multnomah County Advanced Life Support and Basic Life Support procedures and protocols must be adhered to by all working Emergency Medical Technicians.
 - b. The contractor's Emergency Medical Technicians shall promptly contact the Medical Resource Hospital by UHF radio or telephone when required by the Advanced Life Support treatment protocols or an approved Medical Resource Hospital study. If the Medical Resource Hospital is not available, then the receiving hospital shall be contacted.
 - c. The contractor's EMTs shall relay the following information to the MRH: Unit number, receiving hospital and estimated time of arrival, purpose of call, age and sex of patient, chief complaint, brief history, prior medical history, medications, allergies, vital signs, pertinent physical findings, treatment at the scene.
 - d. At the discretion of the contractor's emergency medical technicians, the receiving hospital may also be contacted by the EMT. The EMT will transmit to the receiving hospital the following information: Unit number, age and sex of patient, estimated time of arrival, condition, chief complaint, advanced life support treatment provided.
 - e. Each Advanced Life Support unit of the contractor shall have a set of treatment protocols on the unit itself at all times.
 - f. Incorporates the Area Trauma Advisory Board Trauma Plan provided as an Appendix 8. All EMT-4s will be Pre-Hospital Trauma Life Support (PHTLS) or equivalent trained within six months of contract award. A description of this, and the Standard Operating Procedure which accomplishes this must be provided.
 - g. Incorporates the Mass Casualty Incident Plan as attached in Appendix 10. Participates in one major drill and two mini-drills per year. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
 - h. Incorporates the Quality Assurance Plan attached as Appendix 11. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
 - i. Proposer must provide a plan which describes a first responder training program provided by the contractor at no cost to all first responders to keep the first responders aware of ambulance orientation, equipment changes, or protocol changes as they apply to the first responders.

- j. Proposer must provide for the role of the EMS physician-supervisor in administrative protocols which accomplishes:
- 1) Participation in hiring of EMTs.
 - 2) Absolute authority for all medical direction of the contractor.
 - 3) Scheduling of mandatory inservice.
 - 4) "Ride-alongs" to meet ORS requirements.
 - 5) Absolute authority to remove an EMT from the provider's ambulance.
- The administrative protocols for the above must be provided.
- k. Proposer must provide a list of type and amount of each drug which will be carried on each ambulance and is needed to comply with ALS protocols so that two patients with the same medical or trauma problem can be treated without an ambulance restock. These drugs in type and amount are to be carried on all staffed ALS ambulances.

4-A Equipment: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 28 for evaluation criteria):

- a. All ALS ambulances or ELS ambulances and equipment must meet current ORS and Multnomah County requirements for ambulances (see Appendix 1-12-13). A listing of all ambulances by make, age, mileage, modifier, and equipment contained must be provided. This must include all vehicles which are to be used in Multnomah County.
- b. Provision of mobile VHF radio equipment with a dial encoder and capable of transmission on 155.340 mhz for each ALS ambulance at no less than 25 watts. The radios must be identified by make, model, and output. A copy of the FCC license for this frequency or plans for obtaining the rights to mobiles on this frequency from the Greater Portland Hospital Association must be included.
- c. The following disposable equipment must be provided at no cost to the first responder agency when the first responder has cared for a transported or "charged" patient. The equipment will be exchanged on the "scene" if it does not interfere with patient care. The proposer must contact the first responder agencies to assist in this development. See Appendix 21. A field and billing Standard Operating Procedure which accomplishes this must be provided.
 - 1) Oxygen administration items.
 - 2) Suction items.
 - 3) Intravenous materials.
 - 4) Drugs.
 - 5) Disposable splints.
 - 6) Cervical collar--"stiffnecks" or equivalent
- d. The following equipment must be provided which will be standardized with the first responder agencies. A Standard Operating Procedure which accomplishes this must be provided.
 - 1) Trunk and neck immobilizer--"K.E.D." or equivalent.
 - 2) Wooden long spine board.
 - 3) Traction splint.
 - 4) Scoop stretcher.
 - 5) Pneumatic Anti-Shock garment.
- e. An agreement with ~~the~~ trauma centers to create a "Letterman" exchange system and an equipment cleaning program. The agreements and the Standard Operating Procedure which accomplishes this must be provided.
 - 1) C-collar "Stiffneck" or equivalent.
 - 2) Trunk and neck immobilizer "KED" or equivalent.
 - 3) Long spine board.
 - 4) Traction splint.
 - 5) Scoop stretcher.
 - 6) Pneumatic Anti-Shock garment.

4-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for equipment as above (see page 28 for evaluation criteria):

- a. Newer front-line (non-reserve) vehicles and those which have lower mileage and meet KKK1822B. This may be done by providing type, age, mileage, and "modifier" of each ALS ambulance vehicle to be used in Multnomah County. 4 pts.
- b. Preventive maintenance of ALS ambulances. 8 pts.
- c. Availability of reserve ambulances and gives the number of reserve ambulances including their proposed storage location and to what extent they will be stocked when held in reserve. 8 pts.
- d. Provision of up-to-date equipment with a maintenance program. This may be accomplished by providing the make, model, age of, and maintenance program for:
 - 1. Ambulance cots.
 - 2. Portable monitor defibrillators.
 - 3. Portable suction.6 pts.

5-A Business Practices: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 30 for evaluation criteria):

- a. Proposer has met all minimum requirements for credentialing and will meet them throughout the contract period, as well as license and compliance with all MCC and rules throughout the contract period. The proposal must state how the proposer intends to meet these requirements throughout the contract period.
- b. Have insurance coverage to at least the following minimums (with no exceptions to riders in the ambulance):
 - 1) Combined single limit for bodily injury and property damage (vehicular), \$500,000 and
 - 2) Malpractice, \$1 million and
 - 3) Umbrella liability, \$1 million and
 - 4) Contractor shall also carry workers' compensation insurance as required by law, or the legal equivalent, for the life of the contract. Contract shall require all of its subcontractors to maintain similar insurance coverages and shall require evidence of such coverage prior to commencement of work by any such subcontractor.

A copy of the policies must be submitted for review 30 days prior to the effective date of the contract. The policy must include a 30 day notice requirement for any material change or cancellation.

Comprehensive general liability, auto, and professional malpractice insurance may be arranged under a single policy for the full limits required or by a combination of underlying policies with a balance provided by an excess or umbrella liability policy or

- 5) Contractors may elect to self-insure part or all of the insurance requirement. If a contractor elects to self-insure areas b-1, 2, 3, 4, contractor shall provide evidence that contractor ~~has qualified~~ under all state and federal requirements for self-insurance. In addition, contractor shall provide documentation verifying that a funding mechanism is in place to meet the financial responsibilities of the indemnification agreement and name and credentials of the contractor's claims administrator.

This must be demonstrated by documentation of insurability by an insurance company licensed to do business in Oregon and a proposal to purchase the insurance required or proof of self-insurance as required by ORS.

- c. Information to be provided must be placed on worksheet attached as Form 1. The projections as requested below must be based upon data as provided in Appendix 4, which provides information from 1985, 1986, and most current 1987 data from EMS Central Dispatch, Multnomah County. The proposer is expected to use its own best judgment in determining the variables as requested below.
- 1) Cost per ALS ambulance per year and also ALS ambulance by unit hour. This must apply to appropriately staffed Advanced Life Support ambulances required in the minimums under personnel. Also, the number of ambulance units and unit hours per year should be projected. Costs must be reported on Form 1.
 - 2) The projected call volume from all 9-1-1 generated calls and the projected transport volume from these calls. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be presented on Form 1.
 - 3) The projected volumes with ALS and BLS charged transport from the patient transport volume. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be provided on the Form 1.
 - 4) The overall collection percentage projected for the cost which involved transport. This percentage must include actual collection rate tempered with the percentage that will be less than fully collected due to assignment (Medicare) or other reimbursement. This figure must be provided on Form 1.
 - 5) The BLS and ALS charges for all users of the system projected by the proposer. These figures must be provided on Form 1.
 - 6) The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive.
- d. The contractor must accept the responsibility to provide standbys as requested by police and fire agencies within Multnomah County at no charge. If a patient is transported, any charge to that patient must be based upon charges to a similar patient with no standby time charges. A Standard Operating Procedure which accomplishes this must be provided.

- e. Incorporate the taxi Standard Operating Procedure as presented in Appendix 20. A Standard Operating Procedure which accomplishes this must be provided.
- f. Incorporate the CHIERS Program as presented in contract form in Appendix 9. A Standard Operating Procedure which accomplishes this must be provided.
- g. The authority and responsibility of the EMS Rate Review Committee as presented in Appendix 22 must be incorporated in billing and administrative Standard Operating Procedures. The Standard Operating Procedure which accomplishes this must be provided.
- h. Recognize the authority of the Emergency Medical Services Office to randomly sample billings and provide these billings to the Rate Review Committee. The mechanism for action to correct bills in which the charge is questioned must be described.
- i. Provide \$42,500 (estimate) yearly in quarterly payments for physician supervisor services to be provided by the County. These services are detailed in Appendix 7. The proposal must detail how the provider will make the payments.
- j. Plan of operation for the first six months of operation which reflects the following and recognizes the slow collection start-up problems and the need for outside resources to assist in meeting expenses:
 - 1) Payroll expenses
 - 2) Capital expenses
 - 3) Ancillary expenses
 - 4) Revenue from transports with projected timetable of receipt of income
 - 5) Other source or sources of revenue or assets which allow the contractor to meet expenses for the first six months.
- k. Description of the billing practices which recognizes the extreme importance of billing practices in this user funded system. The plan must also recognize the importance of humane billing practices.
 - 1) Billing procedure for Medicare
 - 2) Billing procedure for third party payors
 - 3) Billing practices for other public parties (county, corrections, AFS, etc.)
 - 4) Billing practices for private parties
 - 5) Billing practice for overdue payments
 - 6) Billing practices for write-offs
- l. The proposer's legal business structure must be described and must demonstrate that the structure is sound and meets all legal requirements.

- m. Document the method of public and consumer education to reduce 9-1-1 abuse, but to also assist the public in understanding the EMS system and provision of public emergency care (CPR, etc.). The proposal must detail teaching and education methods to be used, as well as the delivery process.
- n. Describe how a minimum of fifty hours per month of standby time free to appropriate "public" events will be provided. This is to be in addition to police and fire standbys.
- o. Describe how the inebriate outreach program for the central city will be carried out using a subcontract with Hooper Detox.

5-B Business Practices - The proposer may propose plans to meet the following system goals which are above the minimum standards of the business practices (see page 31 for evaluation criteria):

- a. A flat, all inclusive rate to be charged for: ALS response, BLS treatment, and BLS transport to a 911 call, and ALS response, treatment, and transport to a 911 call. The rates must consider the ALS/BLS charge standards and be reported on form 1.

The rates must reflect the maximum efficiency in the system by displaying the lowest flat rate user fees with no decrease in system effectiveness. The BLS and ALS definitions per Appendix 19 are to be the guide for user charges. A uniform charge for any person in Multnomah County transported to any hospital in the Tri-County area regardless of time of day or day of week is to be the standard for the all-inclusive rate.

1) BLS Rate/Medicare Assignment	20 pts.
2) ALS Rate/Medicare Assignment	30 pts.
3) Standby Charge (private)	10 pts.

6. Safety Net: 6.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 32 for evaluation criteria):

- a. Emergency ambulance service as an essential service and ensure that no interruption of service will occur in the event of a work stoppage by employees.
- b. The safety net must ensure that in the event of contractor failure (due to contract, ordinance, or financial reasons) there is no interruption in call answering. The proposal must provide for delivery of all ambulances (fully stocked) which are used to answer calls to EMS. The ambulances must be free of any encumbrances (defined as able to be used by Multnomah County to provide ambulance service with no reimbursement or remuneration to the contractor or lienholder), and be available for service to EMS for no less than 6 months. Funds to allow answering of all calls to the level expected under the contract must be provided for in the plan. These funds must provide for the dollars to support the call answering system for 45 days. The call answering system is defined for safety net purposes as personnel (two EMT-4s per ambulance), maintenance and upkeep of each ambulance to include disposable medical equipment, radio equipment, and insurance to the level of ambulance and reserve ambulances provided by the contractor over the last 60 days before failure. The funds to be used for this purpose must be immediately accessible to EMS upon contractor financial failure or revocation of the contract (based upon non-performance of contract terms and conditions) by EMS, and the details of the accessibility of the vehicles and funds must be explained in detail.

COST/REVENUE WORKSHEET

Form 1

(See next page for description of (1), (2), (3), (4), (5), (6))

1. ALS ambulance cost:

Contract ⁽²⁾	Full Cost (1)	Cost to 911
Personnel	_____	_____
Operations	_____	_____
(_____ miles @ _____)		
Administration ⁽⁴⁾	_____	_____
Capital ⁽⁶⁾	_____	_____
Insurance ⁽³⁾	_____	_____
Disposable Supplies	_____	_____
Drugs	_____	_____
All Other Expenses	_____	_____
(depreciation, maintenance, etc.)	_____	_____
 Total Cost by ambulance	_____	_____
Total Cost by unit hour	_____	_____
Number of Ambulance Units ⁽⁵⁾	_____	_____
Number of unit hours (5)	_____	_____
Inebriate outreach subcontract	_____	_____
cost	_____	_____

	911 Revenue	Other Revenue
2. Projected call volume	_____	_____
Projected call transport volume	_____	_____
3. Volume of BLS charged transports	_____	_____
Volume of ALS charged transports	_____	_____
4. Overall collection percentage	_____	_____
5. BLS charge per call	_____	_____
ALS charge per call	_____	_____
6. Inebriate outreach subsidy	_____	_____

Form 1 Cost/Revenue Worksheet Page 2

1. This must be full cost and consider all associated costs with each category. The total ambulance cost must be the best projection of total cost.
2. This must be the cost which the proposer projects this contract for 911 calls will incur. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in cost may be attributed to: other business interests, non-911 call ambulance use, cross use of personnel. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity. This must demonstrate that the 911 cost is the full cost of 911 service.
3. If self-insurance is used, the cost must be arrived at considering the past settlements and equating them to the increase in liability exposure due to the contract.
4. Must include the \$42,500 per annum for physician supervisor costs, also all other administrative or training personnel costs.
5. This must be the total number of ambulance units to meet the full 911 contract for ASA 1, this number may be reflected in fractions of an ambulance if peak load staffing or other staffing patterns are followed.
6. This must also include cost of back-up or reserve ambulances and other back-up equipment.

RATE WORKSHEET

Form 2

1. BLS rate with Medicare assignment.^a _____
2. ALS rate with Medicare assignment.^a _____
3. Standby charge for private events _____ hr.
(in addition to transport charge
if patient transported).^a

^aThis is the contractor's rate for the four-year contract period. The Rate Review Committee and Emergency Medical Services Policy Board may allow rate increases based upon consumer price index, dramatic increase in cost of doing business, or more stringent or added system requirements. The proposer should not consider any of the aforementioned possibilities to be a reason for guarantee of a rate ~~increase~~. All rate increases must be requested by the contractor. There is no charge or reimbursement for first responders. If first responders petition the Rate Review Committee for charges, the contractor is assured no additional uncompensated cost.

F. Contract

It is the intention of Emergency Medical Services to enter into a contract no later than _____, and extending four years with a potential for renewal for a one-year term. At the option of the County, upon one hundred and eighty days written notice, the contract may be extended for the additional one-year extension. Rate and other system changes will be considered in the event of a renewal. Rate changes must be approved by the rate committee and the Emergency Medical Services Policy Board, and the Multnomah County Board of County Commissioners.

G. Evaluation Criteria

The RFP is made up of six sections. Each section has a minimum requirements section and may have a point achievement section.

A proposal, to be considered, must meet all of the minimum requirements.

The minimum requirements will be evaluated on a pass/fail basis. If the proposal fails to pass any of the minimum requirements for any section, the proposal will be rejected.

Qualifying proposals will then be awarded points based upon the requirements specified in the RFP.

The following criteria will be used by the evaluation committee to judge whether a proposal meets the minimum requirements for category area A and the number of points to be awarded for category area B.

1-A Personnel:

- a. The proposal does provide for two Oregon Certified EMT 4s.
- b. The proposal does provide for a minimum annual wage of \$17,400 based upon first day of employment.

- c. The employee benefits proposal does include:
 - 1) A benefits package of at least 30% of gross EMT salary.
 - 2) All legally required benefits.
 - 3) A retirement plan which is "portable" (must be able to be transferred to the next contractor with all benefits, vesting, and accrual levels intact. P.E.R.S. is considered portable for purposes of evaluation of this proposal) and meets all other requirements of the RFP will be considered as meeting this requirement.
 - 4) Benefits will begin the first day of employment for "Multnomah County" EMTs.
 - d. The personnel accessibility proposal does meet the requirements of the RFP.
 - e. The proposal does provide for hiring of EMT-4s currently working in Multnomah County with no loss of wage or benefit accrual levels.
 - f. The proposal does provide for a coordinated continuing education program as described in the RFP.
- 1-B a. The unit hour utilization rate must establish a minimum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .17 24-hour ambulance
 - .33 12-hour ambulance
 - .40 10-hour ambulance
 - .50 8-hour ambulance
- 15 points are awarded for total compliance. Each .07 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15 .
- b. The unit hour utilization rate should establish a maximum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .40 24-hour ambulance
 - .60 12-hour ambulance
 - .65 10-hour ambulance
 - .75 8-hour ambulance
- 15 points are awarded for total compliance. Each .056 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct ~~1~~ point to a maximum of 15 .
- c. The management structure program should address management in the following manner:
- 1) An on-duty non-patient care supervisor for each twelve ALS ambulances in service will gain 9 points. Points will be awarded by using the 12 to 1 ratio as the standard, for a greater ambulance-to-supervisor ratio.

- 2) The curriculum vitae of the management personnel will be awarded fifteen points using the following standards for each. If the personnel do not meet the criteria, fewer or no points will be awarded.

5 Points. Operations Manager. College degree (BS or BA) with at least four years experience in ambulance service delivery and with current EMT-P status. The experience to be gained in a system of at least 20,000 emergency calls per year. (Four years additional EMS supervisory experience may be substituted for the college degree.)

5 Points. Business Manager. College degree (BS or BA) with at least four years experience in ambulance third-party billing procedures, also experience working with labor groups. The experience to be gained in a system which bills at least 10,000 patients annually. (Four years additional EMS business experience may be substituted for the college degree.)

5 Points. Training Coordinator. EMT-P, ACLS instructor, PHTLS instructor, with three years experience as a training coordinator for fifty EMT-PS. Experience in a peer-review process, having conducted a peer-review process for fifty EMT-PS for three years.

If a job function on which the evaluation criteria is specific is performed by another titled evaluated management position the substitution can be made and the points awarded.

- 3) 15 points. The proposal providing a benefit package which is five percent of the EMT-gross salary (in addition to the minimum required 30 percent) or more will receive fifteen points. If less than five percent is proposed, for each percent drop there will be three points deducted.

30 points. The proposal providing a wage package which does provide for: a base wage scale of at least ten percent over the required minimum, which includes: the same percentage increase for in "Multnomah County" hired EMTs, is raised by at least the Consumer Price Index each year of the contract, progresses in at least six steps, and be ten percent above the current top wage (22,000) in Multnomah County. For each percent the proposal is above the required minimum three points will be given for a maximum of thirty. The proposal must also include a plan to hire those "Multnomah County" EMTs who possess the most experience in the Multnomah County EMS program in preference to those EMTs with less or no experience.

2-A Communications:

- a. The proposal does show each ambulance and EMT crew with UHF capability on MED 1-4-7-9-10 and personnel alerting on MED 9.
- b. The proposal does state that the contractor will advise EMS dispatch of any vehicle status change.
- c. The proposal does state that the contractor will advise EMS dispatch of vehicle crew and status.

- d. The proposal does state that the contractor will use the Multnomah County EMS triage guide.
- e. The proposal does state that the contractor will adhere to the rules as listed in the RFP 2-A e, f, g, h(1),(2), i, j, k, l, m, n, p.
- f. (o) The proposal does provide a system status plan (SSP) for a one month period. There is a major holiday (New Year's, 4th of July, Labor Day, Thanksgiving, Christmas) in the month. The SSP does provide coverage for all of Multnomah County for a response time of eight minutes or less, ninety percent of the time. The judgement of this to be based upon call volume for geo-code areas of Multnomah County. The SSP must also not use mutual aid for more than five percent of the calls.
- g. (g)(n) The proposal does provide liability insurance, and "return transportation" for the first responders.
- h. (s) The proposal does propose mutual aid agreements with adjoining ASA's.
- i. (t) The proposal does provide for no more than five percent per four-week period of the calls to be answered by mutual aid.

2-B Communications:

- a. The proposal provides an Automatic Vehicle Locator system which is placed at EMS dispatch or an alternate plan which accomplishes an SSP with knowledge of EMS dispatch to always dispatch the closest ambulance. A proposal which does not use an AVI system will be judged on its effectiveness to accomplish dispatch of the closest ambulance.

15 pts.

3. Medical:

- a. The proposal does state that the contractor will adhere to the FMS rules as stated in the RFP in 3.2 a, b, c, d, and e, and that if the contractor is not currently functioning under these rules how it will implement them.
- b. (f) The proposal does incorporate the AT&B Plan and sets a date within six months when all EMT-PS will be PHTLS or equivalent trained.
- c. (g)(h) The proposal does incorporate the MCI Plan and Quality Assurance Program and that the contractor will adhere to the standards.
- d. (i) The proposal does provide an adequate first responder training program at no cost to the first responder.
- e. (j) The proposal does provide for a role of the physician supervisor which includes hiring participation, absolute medical control, mandatory inservice scheduling, and ride-alongs.
- f. (k) The proposal does list the types and amounts of drugs to "run" two back-to-back same ALS protocol patients with no restock.

4-A Equipment:

- a. The proposal does list all the vehicles and equipment and all do meet or exceed ORS and Multnomah County standards.
- b. The proposal does list VHF radio equipment (155.340 MHz) that is capable of use for ambulance-to-hospital communications in Multnomah County. The radio license or a plan to obtain such is included.
- c. The proposal does provide for first responder equipment provision for disposable items as listed in the RFP.
- d. The proposal does provide for standardized equipment with first responders.
- e. The proposal does provide for signed agreements with the trauma centers for a "Letterman" exchange clean equipment program.

- 4-B a. The proposal does recognize the need for newer low-mileage vehicles which meet KKK1822B. All ambulances less than one year of age and less than 10,000 miles, and meeting KKK1822B will be considered newer low mileage vehicles. This does not include ambulances which are considered "extras" or "backup."

4 pts.

- b. The proposal provides for a preventive maintenance program and an ambulance reserve program which:
 - 1) Provides for safety inspections every 15,000 miles until 60,000 miles, then every 7,500 miles (these to be done by an outside shop familiar with the type of vehicles used).
 - 2) Provides maintenance to manufacturers extreme use recommendations. Provides for downtime for ambulance maintenance. Uses innovative methods to extend ambulance dependability, such as diesel engines, heavy-duty batteries, radial tires, metallic brakes, etc.
 - 3) Provides a history of ambulance maintenance which demonstrates the ability to keep ambulances in-service with no major failures.

If the proposal ~~satisfactorily~~ incorporates at least the above areas, 8 points will be awarded.

- c. Provides for a fully stocked (except for defibrillator and ALS drugs) ambulance for every three front-line (non-reserve) operating ambulances.

If the proposal meets this requirement 8 points will be awarded.

d. The proposal provides for up-to-date equipment.

- 1) Ambulance cots (Ferno model-MTS or equivalent).
- 2) Portable monitor-defibrillator (Life-Pak 5 or equivalent).
- 3) Portable suction (laerdal or equivalent).

If the equipment is of the appropriate model as shown above and a maintenance program is described and proposed which demonstrates the ability to keep the equipment operational and find faults before they affect patient care, 6 points will be given. If the equipment is not of appropriate model or up-to-date or the maintenance plan is not sufficient to keep the equipment operational, fewer or no points will be awarded using four years as the life expectancy of the equipment.

5-A Business Practices:

- a. The proposal provides ample information to assure that the provider can and will meet all applicable credentialing standards, MCC and EMS rules for the contract period.
- b. The proposal does provide for insurance to at least the RFP minimums.
- c. The proposal does provide all of the costing and revenue projections as requested in Form 1. The cost and revenue figures are reasonable and based upon EMS figures provided. The costs are fully accounted and adequately justified where not applied to the 911 contract.
- d. The proposal does provide for free-of-cost standbys for police and fire agencies.
- e. (e)(f)(g) The proposal does recognize and integrates into the contractor's operations, the TAXI and CHIERS and Rate Study Committee.
- f. (h) The proposal does recognize the EMS Office authority to sample billings and does provide a process to correct incorrect billings.
- g. (i) The proposal does provide for \$42,500 per annum in quarterly payments to EMS for physician-supervisor services.
- h. (j) The proposal does provide a plan of operation for the first six months which considers all aspects of the RFP requirements. The plan is reasonable and does demonstrate financial soundness.
- i. (k) The proposal does describe the billing practices. The billing practices are humane and encourage those who can pay to pay, but those who cannot pay are recognized and billings dealt with humanely. The billing practices also are legal and exhibit sound business practice.
- j. (l) The proposal does describe the legal business structure of the contractor, and it is the same as used in the credentialing process. The business structure is legal in Oregon.
- k. The proposal does describe how the inebriate outreach program will function. The description does at least equal the standards of the Hooper Detox contract (Attachment 9). There is a letter from the Hooper Center which does state that Hooper will enter into a contract with the proposer beginning July 1, 1989, if the proposer is the successful contractor.

5-B Business Practice:

- a. A ELS flat rate of \$150 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$150 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$250 will be penalized by deducting 3 points for each ten dollar increase.
- b. An ALS flat rate of \$250 will be awarded 30 points. For each ten dollar increase in the rate, 3 fewer points will be awarded. A flat rate of less than \$250 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$350 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 3 fewer points will be awarded.

ALL RATES MUST BE PROVIDED ON FORM 2 PAGE 22

6. Safety Net: 6.A.

- a. The proposal does provide for adequate ambulance coverage in the event of a work stoppage.
- b. The proposal does provide for adequate ambulance coverage per the RFP requirements in the event of contractor failure or contract revocation. The proposal does provide for ambulance turnover and use by the county and ready access for operating funds. If a performance bond is used, the bond and bonding company must meet all applicable Oregon and Multnomah County standards.

H. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (at least one of which will have financial knowledge and experience CPA etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-side visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next highest ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Board. The Policy Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Attachments:

Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O ₂ Administration	X	
Drugs		X
Epenephrene (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

AMBULANCE RATE ACCOUNTABILITY COMMITTEE

purpose: Review ambulance rates and billing practices for the 911 ambulance contractor. Recommend to the contractor and EMS office changes in billing procedure to correct problems. Recommend to the EMS Policy Board changes in the rate structure or billing practice of the 911 ambulance contractor based upon: public input, review of billing, advice of the EMS office, advice of the Medical Advisory Board, and upon any new or changed performance standard or pre-hospital care procedure or equipment.

Method: The committee will consider testimony from two public hearings per year. The committee will consider staff reports which review contractor billing practices. The committee will consider requests from the contractor when any change in contract requirement or modification is considered. In addition, the committee will also consider input from the Medical Advisory Board and contractor on any medically related change which may affect contractor costs.

Membership: The committee is to be appointed by the EMS Policy Board.

- Consumer (four years)
- Consumer (three year term)
- Consumer (two year term)
- EMT-4 (two year term)
- Contractor (four year term)
- Medical Advisory Board (two years)
- Multnomah County Medical Society (two years)
- EMS Director

DEFINITIONS

1. Non-emergency Any medical call in which there is no threat to life or limb.
2. Emergency Any medical call in which there is a definite or unknown threat to life or limb and time is of the essence, or that the call is placed to 911 requesting medical aid.
3. Basic Life Support (BLS) The level of care which an EMT-1 may provide. Usually this care will only stabilize a patient and will not result in an improvement in patient condition, i.e., patient assessment, CPR, splinting, etc.
4. Advanced Life Support (ALS) The level of care which an EMT-2,3, or 4 can provide. It encompasses all basic life support, plus procedures which can improve the patient's condition, i.e., defibrillation, IV, drugs, endotracheal intubation, etc.
5. Code 1 Call The running condition of a patient call or transport in which no lights or siren is used and the ambulance proceeds with the normal traffic flow.
6. Code 3 Call The running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible.
7. Private Call A request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
8. Emergency Medical Technician (EMT) An individual who has completed training in the recognition and treatment of medical emergencies in a prehospital environment. The training begins at 110 hours (EMT-1) and progresses to 900+ hours (EMT-4). Certification (2, 3, 4) is provided by the Board of Medical Examiners.

9. First Responder A responder who usually only provides BLS and can arrive on the medical scene in four minutes or less to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
10. BLS Ambulance An ambulance which is able to provide only PLS and is staffed with at least one EMT-1 and a driver.
11. ALS Ambulance An ambulance which is able to provide ALS/BLS care and is staffed with two EMT 4's.
12. ALS Fire Vehicle A vehicle operated by the Fire Department which is staffed to the state ALS level. The unit may respond either as a sole first responder or as a second first responder unit. A portion of the vehicles do have the ability to transport patients, but normally do not.
13. ASA Plan A document required by ORS. The document provides for state overview of a process which restrains free trade. The plan consists of procedures and specifications which address the effective (coordinated service delivery) and efficient (least costly) provision of ambulance services in a county. The plan must comply with relevant OARS.

Emergency Medical
Services Policy Board
Recommendation
5/20/88

Request for Proposal

for

Call Answering Ambulance Service for all
911 Generated Calls Within ASA 2 Multnomah County, Oregon

Date

Exhibit C

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1. Appendix

1. Multnomah County Code 6.31.005 through 6.31.990
2. Map of Multnomah County Showing 2 Ambulance Service Areas and a description of ASA boundaries
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4. EMS Dispatch Information concerning calls generated
5. Basic Life Support Protocols
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17. EMS Continuing Education Program Description
18. EMT training institutions in Multnomah County
19. EMS TAXI Program
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21. Multnomah County ASA plan

A. STATEMENT OF PURPOSE

Multnomah County is requesting proposals for contracts to provide emergency and ambulance services within Multnomah County which meet the requirements and conditions set forth in this document.

The contract which will be awarded will include standard provisions required by state public contracting law as well as county contract requirements. Those provisions will include, but not be limited to, insurance requirements, indemnification, budgetary limit actions, compliance with state and federal tax laws, access to records, and affirmative action goals.

B. Program Objective

The Emergency Medical Services Office intends to obtain emergency medical care responses and transports to all 9-1-1 generated medical calls within Multnomah County ASA 1 to achieve the greatest efficiency (cost) and effectiveness (care delivery) available.

It is the policy of Multnomah County that selection of contractors who provide a service to the county will be made in an open and competitive manner.

C. Background

System Description - The EMS System in Multnomah County is governed by Multnomah County Code (MCC) 6.31.005 through 6.31.990 and Emergency Medical Services (EMS) Administrative Rules. These are a portion of the requirements which must be met for contractor consideration and ongoing compliance with the contract.

Multnomah County is 465 square miles with a population base of 566,200.

Emergency Medical Services Dispatch generated ambulance call data to include number of responses, number of transports for 1985, 1986, 1987, and until the present, is included as part of this proposal as appendix 4.

The Emergency Medical Services communications system is described in appendix 14.

Emergency Medical Services Dispatch description (see appendix 15, 16, 20).

Basic Life Support Protocols ~~and~~ Advanced Life Support Protocols are included as appendix 5 and 6.

The Physician Supervisor RFP and contract are included as appendix 7.

The Area Trauma Advisory Board I - Trauma Plan is included as appendix 8.

The CHIERS contract and program description for ASA I are included as appendix 9.

A description of the Taxi Program is included as appendix 19.

C. Proposer Instructions

1. Respondents must submit an original and 23 complete copies of the proposal to: Purchasing Director, Multnomah County, 2505 SE 11th Avenue, Portland, OR, 97202, no later than 2:00 p.m. on _____. Late proposals will not be accepted. An optional pre-proposal conference will be held on _____ at _____. Questions to be considered at the pre-proposal conference must be submitted in writing to the Purchasing Director Multnomah County no later than _____.

2. The proposer must respond to the RFP in a format which identifies the proposal in the same manner as the RFP notations (i.e., 1 Personnel 1.A.(a)). This will allow the Evaluation Committee to use the RFP and evaluation outline. If the proposer does not follow this format, the proposal will be considered non-conforming and will not be evaluated.

3. The proposal will be evaluated using two procedures. All category A minimum requirements must be met. Those proposals meeting all of the category A requirements will then be scored in category B areas.

If a proposal is evaluated as being non-responsive in a Category A requirements area, it will be rejected.

4. The original proposal and copies must be bound or in ring binders.

5. Award Cancellation

Multnomah County reserves the right to cancel award of the contract at any time before execution of the contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of award. The bidder assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

6. Clarification or Protest of Specifications

Any proposer requiring clarification of the information or protesting any provision herein, must submit specific comments in writing to:

Director of Purchasing
2505 SE 11th Avenue
Portland, OR 97202

The deadline for submitting such questions or comments is _____. If, in the director's opinion, additional information or interpretation is necessary, such information will be supplied in the form of an Addendum which will be delivered to all individuals, firms and corporations having taken out specifications and such Addendum shall have the same binding effect as though contained in the main body of the specifications. Oral instructions or information concerning the specifications or the project given out by County managers, employees, or agents to prospective bidders shall not bind Multnomah County. All Addenda shall be issued by the Purchasing Director not later than five (5) days prior to the proposal deadline.

7. Rejection of Proposals

Multnomah County reserves the right to reject any or all responses to this Request for Proposal.

8. Cost of Preparation of Response

Costs incurred by any proposer in the preparation of the response to this Request for Proposal are the responsibility of the proposer agency and will not be reimbursed by the County.

9. State Law Compliance

The successful proposer agrees to make payment promptly as due to all persons supplying such successful proposer with labor or materials for the prosecution of the work provided for in this contract, and that said successful proposer will not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished and agrees further that no person shall be employed for more than eight hours in any one day, or forty hours in any one week; unless in case of necessity or emergency, or where the public policy absolutely requires it, and in such case to pay wages in accordance with the provisions of ORS 279.334 and ORS 279.338, where applicable.

The successful proposer agrees that should the successful proposer fail, neglect or refuse to make prompt payment of any claim for labor or services furnished by any person for the prosecution of the work provided in this contract as said claim becomes due, whether said services and labor be performed for said successful proposer or a subcontractor, fail, ~~neglect~~, or refuse to make all contributions or amounts due the State Industrial Accident Fund or to the State Unemployment Compensation Fund, and all sums withheld from employees due the State Department of Revenue, then and in such event the said County and the other proper officers representing said County may pay such claim or funds to the person furnishing such labor or services or to the State Industrial Accident Commission or to the State Unemployment Compensation or to the State Department of Revenue and charge the amount thereof against funds due or to become due said successful proposer by reason of his said contract, but payment of any such claims in the manner herein authorized shall not relieve the successful proposer or his surety from his or its obligation with respect to any unpaid claims.

The successful proposer shall promptly, as due, make payment to any person, copartnership, association or corporation furnishing medical, surgical or hospital care or other needed care and attention incident to sickness or injury to the employees of such successful proposer of all sums which the said successful proposer agrees to pay for such services, and all monies and sums which the successful proposer may or shall have deducted from the wages of his employees for such services.

10. Equivalent Products

Product brands or models, if stated or implied by the specifications, indicate type, design, and quality desired, and shall not restrict proposer to one manufacturer. Products which meet or exceed specification requirements for design, quality, and functional utility will be considered. Ref. ORS 279.017.

If the proposal includes an equivalent item, include descriptive information brochure and/or specifications sufficient for the County to make a determination as to equivalency.

Any variations from specifications on equivalent products must be itemized.

11. Assignment

Neither the resultant contract nor any of the requirements, rights, or privileges demanded by it may be sold, assigned, contracted, or transferred by the Contractor without the express written consent of the EMS Director of Multnomah County.

12. Nondiscrimination in Employment

The successful proposer's attention is directed to the provisions of Oregon Revised Statutes, Chapter 659, prohibiting discrimination in employment.

E. Proposal Elements

1-A Personnel: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 23 for evaluation criteria):

- a. Two EMT-4s for each Advanced Life Support ambulance within the county. These EMT-4s must be currently Oregon Certified Emergency Medical Technician 4s.
- b. At least the following minimum wage for each EMT-4 to be employed:
 - A minimum salary per annum of \$17,400 (based upon FLSA defined working hours).

- c. Employee benefits with at least a value equal to 30% of the total gross payroll (of each EMT-4 employed in direct patient care services). The benefits must include:
 - 1) Legally required benefits (as defined by U.S. Department of Labor).
 - 2) Retirement program which vests in five years with all proceeds returned to vested members. The retirement program must be portable to the next contractor (see evaluation criteria).
 - 3) Other benefits at the discretion of the employer in accordance with labor agreements.
- d. The process for personnel accessibility at time of recontract. The process must address the procedure that would be followed in the event of contractor failure which provides for access to personnel during the time period between contractor notification of substandard contract performance and actual contractor failure or contract revocation.
- e. A new employee hire program for the first six months of the contract which:
 - 1) Hires EMT-4s who have worked for a Multnomah County licensee since at least July 1, 1987 with no loss of wage level or benefits accrual level for those EMT-4's hired by the new contractor.
 - 2) Hires EMT-4s who have worked for a Multnomah County ALS licensee since July 1, 1987 in preference to other applicants. This employee preference hiring is to consider "working in Multnomah" EMT-4s as appropriate hires if they meet the contractor's knowledge and performance criteria.
- f. A program for continuing education which provides the EMT-4s with adequate training to meet the minimum recertification requirements. The program must consider and incorporate:
 - 1) Coordination with the county continuing education program as described in Appendix 17.
 - 2) A process for recognition of quality of care problems (internal peer reviews) and the educational process to correct the recognized problems.
 - 3) Coordination with the quality assurance program as described in Appendix 11.
 - 4) Cooperation with the EMT training facilities located in Multnomah County. (See Appendix 18.)

1-B The proposal will be scored on how it proposes plans to reach the following system goals which are above the minimum acceptable requirements as listed for personnel (see page 24 for evaluation criteria).

- a. A unit hour utilization* with highest and lowest rates acceptable to maintain EMT knowledge and skills but does not cause "job burnout." The plan as presented may consider less than 24-hour vehicles and may also consider higher pay scales for those employees at higher utilization rates. The plan must state staffing patterns by hour and day per week, the housing and standby station procedures to be used. These must be applied in 2A-0 in the system status plan. The system status plan prepared for section 2A-0 must be provided to comply with this section.

30 pts.

*Unit hour utilization is defined as the total number of transports divided by the number of staffed hours per shift (3 transports - 12 hours = .25). The proposer in considering utilization rates must use the following standards: eight minute response, twenty minute on scene time, fifteen minute hospital transport time, seventeen minute chart and clean-up time. The highest and lowest rates are evaluated with the above fixed variables. If less than 24-hour staffing is used, the unit hour utilization figures must also be listed.

- b. A proposal which describes the management structure of the contractor. The proposal may consider:

- 1) The ratio of ambulance EMT-4s on duty to on duty field supervisors (above the level of senior EMT on the ambulance).

9 pts.

- 2) The names, curriculum vitae, and current job status of at least the following: operations manager, business manager, training coordinator.

15 pts.

- c. A proposal which describes an employee benefit plan or pay incentive which provides a higher level of employee benefits or pay than is required. The purpose of this proposal must be to encourage employee stability as well as attracting the best EMT-4s available. Also, in-place EMT-4s with seniority of service shall be given preference in hiring and wage scale due to knowledge of the Multnomah County geography, hospitals, and EMS system.

45 pts.

2-A Communications: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 25 for evaluation criteria):

- a. Each vehicle of the contractor shall be equipped with a radio which shall be used to send and receive information over the central dispatch frequencies. In addition, the radio must be able to transmit and receive on Med-1, 4, 7, 9, and 10. A personnel alerting system which will be used on Med-9 to alert the ambulance crew of their need to respond to a call is required and must be described. The radio must be capable of transmitting outside of the vehicle (porta-mobile).
- b. The contractor shall promptly advise EMS Central Dispatch when a change in personnel or equipment on a vehicle results in the vehicle's classification changing from ALS or PLS. A Standard Operating Procedure accomplishing this must be provided.
- c. Each morning, at a time specified by the Office of Emergency Medical Services, the contractor shall advise EMS Central Dispatch of the following for each vehicle: The present status, the EMT certification numbers of the crew members, and whether the vehicle is an ALS service. EMS Central Dispatch shall be informed immediately of any personnel changes on a vehicle. A Standard Operating Procedure accomplishing this must be provided.
- d. If the contractor receives requests for emergency medical assistance from a source other than 9-1-1, the contractor must use the current Multnomah County EMS triage guidelines to process these calls. A Standard Operating Procedure accomplishing this must be provided.
- e. Only EMS Central Dispatch may cancel or revise a dispatch order. Vehicles arriving at the emergency scene shall promptly advise EMS Central Dispatch of information relevant to whether a dispatch order should be canceled or revised. A vehicle which receives a cancellation order may continue to the scene of an emergency, provided that EMS Central Dispatch is so advised and the vehicle's emergency lights and siren are not employed. A Standard Operating Procedure accomplishing this must be provided.
- f. The crew of each vehicle of the contractor shall promptly inform EMS Central Dispatch of the following changes in status by radio: In service at station, in service out of station, location or destination shall be stated, in service at scene of emergency, enroute to emergency scene, arrived at emergency scene, enroute to hospital or medical facility from emergency, arrived at hospital or facility from emergency scene, returned to service, out of service. A Standard Operating Procedure accomplishing this must be provided.

- g. Contractor's vehicle crews shall use the ten codes attached to this RFP as Appendix 13 when communicating with EMS Central Dispatch. Each ambulance crew shall be equipped with one tone-coded pager or radio which allows direct access of EMS Central Dispatch to the ambulance crew. The contractor's ambulance crews must provide the following information to EMS Central Dispatch by radio for each ambulance responding to an emergency as directed by EMS Central Dispatch. When an ambulance is dispatched from other than its base, it shall be identified. When the ambulance is enroute to a hospital or other medical facility, the number of patients being transported, response code, and the identity of the hospital or facility shall be stated. When an ambulance does not transport a patient, the reason for this action shall be identified. The Standard Operating Procedure accomplishing this must be provided.
- h. All patients requiring transport by ambulance (using the most current BLS and ALS treatment protocols) must be transported in the responding ALS ambulance but must be billed as determined by the billing procedure as defined per Appendix 19. The ALS ambulance may make appropriate use of the CHIFFS and TAXI programs as described in Appendix 9 and 19.
- i. EMS Central Dispatch may request an Advanced Life Support ambulance from outside Multnomah County to respond in Multnomah County to a medical emergency if the expected response time of the ambulance in Multnomah County exceeds ten minutes and the out-of-county ambulance is closer to the emergency than any other Multnomah County ambulance, and the out-of-county ambulance meets ALS ambulance requirements as established by the Oregon State Health Division. The Standard Operating Procedure accomplishing this must be provided.
- j. The contractors shall utilize helicopter ambulance service in Multnomah County (Life Flight) when it is determined that transport of a seriously ill medical patient or trauma patient would be more advantageous by helicopter than by ground ambulance. A Standard Operating Procedure accomplishing this must be provided.
- k. The helicopter ambulance will be requested through EMS Dispatch. A Standard Operating Procedure accomplishing this must be provided.
- l. The contractor may provide ambulance service for a special event in the city or county. A Standard Operating Procedure accomplishing this must be provided.
- m. At any time the contractor stands by at such an event, the contractor shall advise the EMS Office and EMS Dispatch by letter one week prior to the date of the event the following information: Date and time of the event, location of the event, name of the person responsible for arranging ambulance coverage for the event. A Standard Operating Procedure accomplishing this must be provided.

- n. The contractor shall respond to 90 percent of the calls within their service area in eight minutes or less measured from the time of dispatch and until the time the unit is on the scene. Time will be calculated in minutes with any seconds over the minute considered the next minute (7 minutes 04 seconds becomes 8 minutes). The contractor is fully responsible for ambulance crews being available for notification of a call. EMS Records will be the final authority in response time determination. No area (geo-code) of the county may be consistently underserved (for a period of two or more months). A statement from the proposer which acknowledges this set of requirements and methodology for determining compliance must be provided.
- o. The proposer must furnish a system status plan for a one-month period. The month must include a major holiday (Thanksgiving, Christmas, New Year, or July 4th) and the call volume must be projected based upon the provided EMS call data in Appendix 4. The system status plan must include: number of ambulances, hours which each ambulance is staffed, location of ambulances by hour of day and day of week, and number of transports per ambulance per shift expected. This information will also be used to award points in section 1B-a.
- p. The contractor shall not monitor or intercept police or other radio dispatcher transmission for profit or gain. Contractor shall not fail or refuse to promptly advise Emergency Medical Services Dispatch Office of receipt of a request for emergency medical assistance or when a licensee's ambulance becomes available or non-available to respond to dispatch orders. The contractor shall not respond by ambulance to an emergency call unless so authorized by the EMS Central Dispatch Office. The Contractor shall not fail or refuse to respond to a dispatch order from EMS Central Dispatch Office when the ambulance subject to the call is available for service. The ambulance contractor shall not refuse to transport any patient in need of emergency medical care regardless of the patient's ability to pay. A Standard Operating Procedure which accomplishes this must be provided.
- q. Contractor shall defend, indemnify and hold all first responders harmless from and against all claims, damages, losses, and expenses, including attorney's fees arising out of and resulting from the performance of services by first responders under the direction or control of the contractor.

Contractor shall maintain at all times during the performance of the contract comprehensive general, auto, and professional malpractice insurance endorsed to show first responders as additional named insureds. A statement from the proposer insurance agent and the "hold harmless" language must be provided which demonstrates this coverage.

- r. Contractor must provide first responder transportation to the appropriate fire station from the hospital when the first responder accompanies the patient to the hospital. The transportation should be furnished in such a way that the first responder is returned to the fire station in no more than thirty minutes from hospital arrival time. A description of and the Standard Operating Procedure which accomplishes this must be provided.
 - s. Proposer must propose to provide mutual-aid agreements with the ambulance service in each adjoining ambulance service area. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
 - t. Contractor must provide for no more than 5 percent per four-week period of calls to the Multnomah County ambulance service area to be answered by an out-of-Multnomah County licensed Advanced Life Support ambulance provider or the adjoining Multnomah County ASA provider unless the contractor is one and the same. A description of and the Standard Operating Procedure which accomplishes this must be provided.
- 2-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements as listed above for communications (see page 26 for evaluation criteria).
- a. The importance of EMS dispatch and contractor interaction to make efficient use of ambulances. The plan may include dispatch assistance through an automatic vehicle locator system.
- 15 pts.

3. Medical: 3.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 27 for evaluation criteria):
- a. The Multnomah County Advanced Life Support and Basic Life Support procedures and protocols must be adhered to by all working Emergency Medical Technicians.
 - b. The contractor's Emergency Medical Technicians shall promptly contact the Medical Resource Hospital by UHF radio or telephone when required by the Advanced Life Support treatment protocols or an approved Medical Resource Hospital study. If the Medical Resource Hospital is not available, then the receiving hospital shall be contacted.
 - c. The contractor's EMTs shall relay the following information to the MRH: Unit number, receiving hospital and estimated time of arrival, purpose of call, age and sex of patient, chief complaint, brief history, prior medical history, medications, allergies, vital signs, pertinent physical findings, treatment at the scene.
 - d. At the discretion of the contractor's emergency medical technicians, the receiving hospital may also be contacted by the EMT. The EMT will transmit to the receiving hospital the following information: Unit number, age and sex of patient, estimated time of arrival, condition, chief complaint, advanced life support treatment provided.
 - e. Each Advanced Life Support unit of the contractor shall have a set of treatment protocols on the unit itself at all times.
 - f. Incorporates the Area Trauma Advisory Board Trauma Plan provided as an Appendix 8. All EMT-4s will be Pre-Hospital Trauma Life Support (PHTLS) or equivalent trained within six months of contract award. A description of this, and the Standard Operating Procedure which accomplishes this must be provided.
 - g. Incorporates the Mass Casualty Incident Plan as attached in Appendix 10. Participates in one major drill and two mini-drills per year. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
 - h. Incorporates the Quality Assurance Plan attached as Appendix 11. A description of, and the Standard Operating Procedure which accomplishes this must be provided.
 - i. Proposer must provide a plan which describes a first responder training program provided by the contractor at no cost to all first responders to keep the first responders aware of ambulance orientation, equipment changes, or protocol changes as they apply to the first responders.

- j. Proposer must provide for the role of the EMS physician-supervisor in administrative protocols which accomplishes:
- 1) Participation in hiring of EMTs.
 - 2) Absolute authority for all medical direction of the contractor.
 - 3) Scheduling of mandatory inservice.
 - 4) "Ride-alongs" to meet ORS requirements.
 - 5) Absolute authority to remove an EMT from the provider's ambulance.
- The administrative protocols for the above must be provided.
- k. Proposer must provide a list of type and amount of each drug which will be carried on each ambulance and is needed to comply with ALS protocols so that two patients with the same medical or trauma problem can be treated without an ambulance restock. These drugs in type and amount are to be carried on all staffed ALS ambulances.

4-A Equipment: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 28 for evaluation criteria):

- a. All ALS ambulances or ELS ambulances and equipment must meet current ORS and Multnomah County requirements for ambulances (see Appendix 1-12-13). A listing of all ambulances by make, age, mileage, modifier, and equipment contained must be provided. This must include all vehicles which are to be used in Multnomah County.
- b. Provision of mobile VHF radio equipment with a dial encoder and capable of transmission on 155.340 mhz for each ALS ambulance at no less than 25 watts. The radios must be identified by make, model, and output. A copy of the FCC license for this frequency or plans for obtaining the rights to mobiles on this frequency from the Greater Portland Hospital Association must be included.
- c. The following disposable equipment must be provided at no cost to the first responder agency when the first responder has cared for a transported or "charged" patient. The equipment will be exchanged on the "scene" if it does not interfere with patient care. The proposer must contact the first responder agencies to assist in this development. See Appendix 21. A field and billing Standard Operating Procedure which accomplishes this must be provided.
 - 1) Oxygen administration items.
 - 2) Suction items.
 - 3) Intravenous materials.
 - 4) Drugs.
 - 5) Disposable splints.
 - 6) Cervical collar--"stiffnecks" or equivalent
- d. The following equipment must be provided which will be standardized with the first responder agencies. A Standard Operating Procedure which accomplishes this must be provided.
 - 1) Trunk and neck immobilizer--"K.E.D." or equivalent.
 - 2) Wooden long spine board.
 - 3) Traction splint.
 - 4) Scoop stretcher.
 - 5) Pneumatic Anti-Shock garment.
- e. An agreement with the trauma centers to create a "Letterman" exchange system ~~and an equipment cleaning program.~~ The agreements and the Standard Operating Procedure which accomplishes this must be provided.
 - 1) C-collar "Stiffneck" or equivalent.
 - 2) Trunk and neck immobilizer "KED" or equivalent.
 - 3) Long spine board.
 - 4) Traction splint.
 - 5) Scoop stretcher.
 - 6) Pneumatic Anti-Shock garment.

4-B The proposer will be scored on how it proposes plans to meet the following system goals which are above the minimum acceptable requirements for equipment as above (see page 28 for evaluation criteria):

- a. Newer front-line (non-reserve) vehicles and those which have lower mileage and meet KKK1822E. This may be done by providing type, age, mileage, and "modifier" of each ALS ambulance vehicle to be used in Multnomah County. 4 pts.
- b. Preventive maintenance of ALS ambulances. 8 pts.
- c. Availability of reserve ambulances and gives the number of reserve ambulances including their proposed storage location and to what extent they will be stocked when held in reserve. 8 pts.
- d. Provision of up-to-date equipment with a maintenance program. This may be accomplished by providing the make, model, age of, and maintenance program for:
 - 1. Ambulance cots.
 - 2. Portable monitor defibrillators.
 - 3. Portable suction.6 pts.

5-A Business Practices: Proposers must provide documentation describing their compliance with the following minimum requirements (see page 30 for evaluation criteria):

- a. Proposer has met all minimum requirements for credentialing and will meet them throughout the contract period, as well as license and compliance with all MCC and rules throughout the contract period. The proposal must state how the proposer intends to meet these requirements throughout the contract period.
- b. Have insurance coverage to at least the following minimums (with no exceptions to riders in the ambulance):
 - 1) Combined single limit for bodily injury and property damage (vehicular), \$500,000 and
 - 2) Malpractice, \$1 million and
 - 3) Umbrella liability, \$1 million and
 - 4) Contractor shall also carry workers' compensation insurance as required by law, or the legal equivalent, for the life of the contract. Contract shall require all of its subcontractors to maintain similar insurance coverages and shall require evidence of such coverage prior to commencement of work by any such subcontractor.

A copy of the policies must be submitted for review 30 days prior to the effective date of the contract. The policy must include a 30 day notice requirement for any material change or cancellation.

Comprehensive general liability, auto, and professional malpractice insurance may be arranged under a single policy for the full limits required or by a combination of underlying policies with a balance provided by an excess or umbrella liability policy or

- 5) Contractors may elect to self-insure part or all of the insurance requirement. If a contractor elects to self-insure areas b-1, 2, 3, 4, contractor shall provide evidence that contractor has qualified under all state and federal requirements for self-insurance. In addition, contractor shall provide documentation verifying that a funding mechanism is in place to meet the financial responsibilities of the indemnification agreement and name and credentials of the contractor's claims administrator.

This must be demonstrated by documentation of insurability by an insurance company licensed to do business in Oregon and a proposal to purchase the insurance required or proof of self-insurance as required by ORS.

- c. Information to be provided must be placed on worksheet attached as Form 1. The projections as requested below must be based upon data as provided in Appendix 4, which provides information from 1985, 1986, and most current 1987 data from EMS Central Dispatch, Multnomah County. The proposer is expected to use its own best judgment in determining the variables as requested below.
- 1) Cost per ALS ambulance per year and also ALS ambulance by unit hour. This must apply to appropriately staffed Advanced Life Support ambulances required in the minimums under personnel. Also, the number of ambulance units and unit hours per year should be projected. Costs must be reported on Form 1.
 - 2) The projected call volume from all 9-1-1 generated calls and the projected transport volume from these calls. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be presented on Form 1.
 - 3) The projected volumes with ALS and BLS charged transport from the patient transport volume. The proposer must use the figures in Appendix 4 to project these numbers. These figures must be provided on the Form 1.
 - 4) The overall collection percentage projected for the cost which involved transport. This percentage must include actual collection rate tempered with the percentage that will be less than fully collected due to assignment (Medicare) or other reimbursement. This figure must be provided on Form 1.
 - 5) The BLS and ALS charges for all users of the system projected by the proposer. These figures must be provided on Form 1.
 - 6) The proposer must follow the ALS/BLS charge criteria as set forth in Appendix 19. The proposal must be fully presented on the worksheet. The proposal must represent cost. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive.
- d. The contractor must accept the responsibility to provide standbys as requested by police and fire agencies within Multnomah County at no charge. If a patient is transported, any charge to that patient must be based upon charges to a similar patient with no standby time charges. A Standard Operating Procedure which accomplishes this must be provided.

- e. Incorporate the taxi Standard Operating Procedure as presented in Appendix 20. A Standard Operating Procedure which accomplishes this must be provided.
- f. Incorporate the CHIERS Program as presented in contract form in Appendix 9. A Standard Operating Procedure which accomplishes this must be provided.
- g. The authority and responsibility of the EMS Rate Review Committee as presented in Appendix 22 must be incorporated in billing and administrative Standard Operating Procedures. The Standard Operating Procedure which accomplishes this must be provided.
- h. Recognize the authority of the Emergency Medical Services Office to randomly sample billings and provide these billings to the Rate Review Committee. The mechanism for action to correct bills in which the charge is questioned must be described.
- i. Provide \$42,500 (estimate) yearly in quarterly payments for physician supervisor services to be provided by the County. These services are detailed in Appendix 7. The proposal must detail how the provider will make the payments.
- j. Plan of operation for the first six months of operation which reflects the following and recognizes the slow collection start-up problems and the need for outside resources to assist in meeting expenses:
 - 1) Payroll expenses
 - 2) Capital expenses
 - 3) Ancillary expenses
 - 4) Revenue from transports with projected timetable of receipt of income
 - 5) Other source or sources of revenue or assets which allow the contractor to meet expenses for the first six months.
- k. Description of the billing practices which recognizes the extreme importance of billing practices in this user funded system. The plan must also recognize the importance of humane billing practices.
 - 1) Billing procedure for Medicare
 - 2) Billing procedure for third party payors
 - 3) Billing practices for other public parties (county, corrections, AFS, etc.)
 - 4) Billing practices for private parties
 - 5) Billing practice for overdue payments
 - 6) Billing practices for write-offs
- l. The proposer's legal business structure must be described and must demonstrate that the structure is sound and meets all legal requirements.

- m. Document the method of public and consumer education to reduce 9-1-1 abuse, but to also assist the public in understanding the EMS system and provision of public emergency care (CPR, etc.). The proposal must detail teaching and education methods to be used, as well as the delivery process.
- n. Describe how a minimum of fifty hours per month of standby time free to appropriate "public" events will be provided. This is to be in addition to police and fire standbys.

5-B Business Practices - The proposer may propose plans to meet the following system goals which are above the minimum standards of the business practices (see page 31 for evaluation criteria):

- a. A flat, all inclusive rate to be charged for: ALS response, PLS treatment, and BLS transport to a 911 call, and ALS response, treatment, and transport to a 911 call. The rates must consider the ALS/PLS charge standards and be reported on form 2.

The rates must reflect the maximum efficiency in the system by displaying the lowest flat rate user fees with no decrease in system effectiveness. The PLS and ALS definitions per Appendix 19 are to be the guide for user charges. A uniform charge for any person in Multnomah County transported to any hospital in the Tri-County area regardless of time of day or day of week is to be the standard for the all-inclusive rate.

- | | |
|---------------------------------|---------|
| 1) BLS Rate/Medicare Assignment | 20 pts. |
| 2) ALS Rate/Medicare Assignment | 30 pts. |
| 3) Standby Charge (private) | 10 pts. |

6. Safety Net: 6.A Proposers must provide documentation describing their compliance with the following minimum requirements (see page 32 for evaluation criteria):

- a. Emergency ambulance service as an essential service and ensure that no interruption of service will occur in the event of a work stoppage by employees.
- b. The safety net must ensure that in the event of contractor failure (due to contract, ordinance, or financial reasons) there is no interruption in call answering. The proposal must provide for delivery of all ambulances (fully stocked) which are used to answer calls to EMS. The ambulances must be free of any encumbrances (defined as able to be used by Multnomah County to provide ambulance service with no reimbursement or remuneration to the contractor or lienholder), and be available for service to EMS for no less than 6 months. Funds to allow answering of all calls to the level expected under the contract must be provided for in the plan. These funds must provide for the dollars to support the call answering system for 45 days. The call answering system is defined for safety net purposes as personnel (two EMT-4s per ambulance), maintenance and upkeep of each ambulance to include disposable medical equipment, radio equipment, and insurance to the level of ambulance and reserve ambulances provided by the contractor over the last 60 days before failure. The funds to be used for this purpose must be immediately accessible to EMS upon contractor financial failure or revocation of the contract (based upon non-performance of contract terms and conditions) by EMS, and the details of the accessibility of the vehicles and funds must be explained in detail.

COST/REVENUE WORKSHEET

Form 1

(See next page for description of (1), (2), (3), (4), (5), (6))

1. ALS ambulance cost:

Contract (2)	Full Cost (1)	Cost to 911
Personnel	_____	_____
Operations	_____	_____
(_____ miles @ _____)		
Administration (4)	_____	_____
Capital (6)	_____	_____
Insurance (3)	_____	_____
Disposable Supplies	_____	_____
Drugs	_____	_____
All Other Expenses (depreciation, maintenance, etc.)	_____	_____
 Total Cost by ambulance	_____	_____
Total Cost by unit hour	_____	_____
Number of Ambulance Units (5)	_____	_____
Number of unit hours (5)	_____	_____
Inebriate outreach subcontract cost	_____	_____
	911 Revenue	Other Revenue
2. Projected call volume	_____	_____
Projected call transport volume	_____	_____
3. Volume of BLS charged transports	_____	_____
Volume of ALS charged transports	_____	_____
4. Overall collection percentage	_____	_____
5. BLS charge per call	_____	_____
ALS charge per call	_____	_____

Form 1 Cost/Revenue Worksheet Page 2

1. This must be full cost and consider all associated costs with each category. The total ambulance cost must be the best projection of total cost.
2. This must be the cost which the proposer projects this contract for 911 calls will incur. Column two may be the same as column one, or it may be lower. If column two is lower than one, the proposer must explain the difference, and justify why the cost is different. This difference in cost may be attributed to: other business interests, non-911 call ambulance use, cross use of personnel. It is important that this explanation be fully explained and justified. The justification must be sufficient to allow the RFP evaluation committee to determine its validity. This must demonstrate that the 911 cost is the full cost of 911 service.
3. If self-insurance is used, the cost must be arrived at considering the past settlements and equating them to the increase in liability exposure due to the contract.
4. Must include the \$42,500 per annum for physician supervisor costs, also all other administrative or training personnel costs.
5. This must be the total number of ambulance units to meet the full 911 contract for ASA 2, this number may be reflected in fractions of an ambulance if peak load staffing or other staffing patterns are followed.
6. This must also include cost of back-up or reserve ambulances and other back-up equipment.

RATE WORKSHEET

Form 2

1. BLS rate with Medicare assignment.^a _____
2. ALS rate with Medicare assignment.^a _____
3. Standby charge for private events _____ hr.
(in addition to transport charge
if patient transported).^a

^aThis is the contractor's rate for the four-year contract period. The Rate Review Committee and Emergency Medical Services Policy Board may allow rate increases based upon consumer price index, dramatic increase in cost of doing business, or more stringent or added system requirements. The proposer should not consider any of the aforementioned possibilities to be a reason for guarantee of a rate increase. All rate increases must be requested by the contractor. There is no charge or reimbursement for first responders. If first responders petition the Rate Review Committee for charges, the contractor is assured no additional uncompensated cost.

F. Contract

It is the intention of Emergency Medical Services to enter into a contract no later than _____, and extending four years with a potential for renewal for a one-year term. At the option of the County, upon one hundred and eighty days written notice, the contract may be extended for the additional one-year extension. Rate and other system changes will be considered in the event of a renewal. Rate changes must be approved by the rate committee and the Emergency Medical Services Policy Board, and the Multnomah County Board of County Commissioners.

G. Evaluation Criteria

The RFP is made up of six sections. Each section has a minimum requirements section and may have a point achievement section.

A proposal, to be considered, must meet all of the minimum requirements.

The minimum requirements will be evaluated on a pass/fail basis. If the proposal fails to pass any of the minimum requirements for any section, the proposal will be rejected.

Qualifying proposals will then be awarded points based upon the requirements specified in the RFP.

The following criteria will be used by the evaluation committee to judge whether a proposal meets the minimum requirements for category area A and the number of points to be awarded for category area B.

1-A Personnel:

- a. The proposal does provide for two Oregon Certified EMT 4s.
- b. The proposal does provide for a minimum annual wage of \$17,400 based upon first day of employment.

- c. The employee benefits proposal does include:
 - 1) A benefits package of at least 30% of gross EMT salary.
 - 2) All legally required benefits.
 - 3) A retirement plan which is "portable" (must be able to be transferred to the next contractor with all benefits, vesting, and accrual levels intact. PERS is considered portable for purposes of evaluation of this proposal) and meets all other requirements of the RFP will be considered as meeting this requirement.
 - 4) Benefits will begin the first day of employment for "Multnomah County" EMTs.
 - d. The personnel accessibility proposal does meet the requirements of the RFP.
 - e. The proposal does provide for hiring of EMT-4s currently working in Multnomah County with no loss of wage or benefit accrual levels.
 - f. The proposal does provide for a coordinated continuing education program as described in the RFP.
- 1-B a. The unit hour utilization rate must establish a minimum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .17 24-hour ambulance
 - .33 12-hour ambulance
 - .40 10-hour ambulance
 - .50 8-hour ambulance
- 15 points are awarded for total compliance. Each .07 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15.
- b. The unit hour utilization rate should establish a maximum unit hour utilization rate of (based upon monthly staffing levels used in 2A-0):
- .40 24-hour ambulance
 - .60 12-hour ambulance
 - .65 10-hour ambulance
 - .75 8-hour ambulance
- 15 points are awarded for total compliance. Each .056 below this compliance level (a composite of all used staffing levels in 2A-0) will deduct 1 point to a maximum of 15.
- c. The management structure program should address management in the following manner:
- 1) An on-duty non-patient care supervisor for each twelve ALS ambulances in service will gain 9 points. Points will be awarded by using the 12 to 1 ratio as the standard, for a greater ambulance-to-supervisor ratio.

- 2) The curriculum vitae of the management personnel will be awarded fifteen points using the following standards for each. If the personnel do not meet the criteria, fewer or no points will be awarded.

5 Points. Operations Manager. College degree (BS or BA) with at least four years experience in ambulance service delivery and with current EMT-P status. The experience to be gained in a system of at least 20,000 emergency calls per year. (Four years additional EMS supervisory experience may be substituted for the college degree.)

5 Points. Business Manager. College degree (BS or BA) with at least four years experience in ambulance third-party billing procedures, also experience working with labor groups. The experience to be gained in a system which bills at least 10,000 patients annually. (Four years additional EMS business experience may be substituted for the college degree.)

5 Points. Training Coordinator. EMT-P, ACLS instructor, PPTLS instructor, with three years experience as a training coordinator for fifty EMT-Ps. Experience in a peer-review process, having conducted a peer-review process for fifty EMT-Ps for three years.

If a job function on which the evaluation criteria is specific is performed by another titled evaluated management position the substitution can be made and the points awarded.

- 3) 15 points. The proposal providing a benefit package which is five percent of the EMT-gross salary (in addition to the minimum required 30 percent) or more will receive fifteen points. If less than five percent is proposed, for each percent drop there will be three points deducted.

30 points. The proposal providing a wage package which does provide for: a base wage scale of at least ten percent over the required minimum, which includes: the same percentage increase for in "Multnomah County" hired EMTs, is raised by at least the Consumer Price Index each year of the contract, progresses in at least six steps, and be ten percent above the current top wage (22,000) in Multnomah County. For each percent the proposal is above the required minimum three points will be given for a maximum of thirty. The proposal must also include a plan to hire those "Multnomah County" EMTs who possess the most experience in the Multnomah County EMS program in preference to those EMTs with less or no experience.

2-A Communications:

- a. The proposal does show each ambulance and EMT crew with UHF capability on MED 1-4-7-9-10 and personnel alerting on MED 9.
- b. The proposal does state that the contractor will advise EMS dispatch of any vehicle status change.
- c. The proposal does state that the contractor will advise EMS dispatch of vehicle crew and status.

- d. The proposal does state that the contractor will use the Multnomah County EMS triage guide.
- e. The proposal does state that the contractor will adhere to the rules as listed in the RFP 2-A e, f, g, h(1),(2), i, j, k, l, m, n, p.
- f. (o) The proposal does provide a system status plan (SSP) for a one month period. There is a major holiday (New Year's, 4th of July, Labor Day, Thanksgiving, Christmas) in the month. The SSP does provide coverage for all of Multnomah County for a response time of eight minutes or less, ninety percent of the time. The judgement of this to be based upon call volume for geo-code areas of Multnomah County. The SSP must also not use mutual aid for more than five percent of the calls.
- g. (q)(n) The proposal does provide liability insurance, and "return transportation" for the first responders.
- h. (s) The proposal does propose mutual aid agreements with adjoining ASA's.
- i. (t) The proposal does provide for no more than five percent per four-week period of the calls to be answered by mutual aid.

2-B Communications:

- a. The proposal provides an Automatic Vehicle Locator system which is placed at EMS dispatch or an alternate plan which accomplishes an SSP with knowledge of EMS dispatch to always dispatch the closest ambulance. A proposal which does not use an AVL system will be judged on its effectiveness to accomplish dispatch of the closest ambulance.

15 pts.

3. Medical:

- a. The proposal does state that the contractor will adhere to the FMS rules as stated in the RFP in 3.A a, b, c, d, and e, and that if the contractor is not currently functioning under these rules how it will implement them.
- b. (f) The proposal does incorporate the ATAB Plan and sets a date within six months when all EMT-PS will be PHTLS or equivalent trained.
- c. (g)(h) The proposal does incorporate the MCI Plan and Quality Assurance Program and that the contractor will adhere to the standards.
- d. (i) The proposal does provide an adequate first responder training program at no cost to the first responder.
- e. (j) The proposal does provide for a role of the physician supervisor which includes hiring participation, absolute medical control, mandatory inservice scheduling, and ride-alongs.
- f. (k) The proposal does list the types and amounts of drugs to "run" two back-to-back same ALS protocol patients with no restock.

4-A Equipment:

- a. The proposal does list all the vehicles and equipment and all do meet or exceed ORS and Multnomah County standards.
- b. The proposal does list VHF radio equipment (155.340 MHz) that is capable of use for ambulance-to-hospital communications in Multnomah County. The radio license or a plan to obtain such is included.
- c. The proposal does provide for first responder equipment provision for disposable items as listed in the RFP.
- d. The proposal does provide for standardized equipment with first responders.
- e. The proposal does provide for signed agreements with the trauma centers for a "Letterman" exchange clean equipment program.

4-B a. The proposal does recognize the need for newer low-mileage vehicles which meet KKK1822B. All ambulances less than one year of age and less than 10,000 miles, and meeting KKK1822B will be considered newer low mileage vehicles. This does not include ambulances which are considered "extras" or "backup."

4 pts.

- b. The proposal provides for a preventive maintenance program and an ambulance reserve program which:
 - 1) Provides for safety inspections every 15,000 miles until 60,000 miles, then every 7,500 miles (these to be done by an outside shop familiar with the type of vehicles used).
 - 2) Provides maintenance to manufacturers extreme use recommendations. Provides for downtime for ambulance maintenance. Uses innovative methods to extend ambulance dependability, such as diesel engines, heavy-duty batteries, radial tires, metallic brakes, etc.
 - 3) Provides a history of ambulance maintenance which demonstrates the ability to keep ambulances in-service with no major failures.

If the proposal ~~satisfactorily~~ incorporates at least the above areas, 8 points will be awarded.

- c. Provides for a fully stocked (except for defibrillator and ALS drugs) ambulance for every three front-line (non-reserve) operating ambulances.

If the proposal meets this requirement 8 points will be awarded.

d. The proposal provides for up-to-date equipment.

- 1) Ambulance cots (Ferno model-MTS or equivalent).
- 2) Portable monitor-defibrillator (Life-Pak 5 or equivalent).
- 3) portable suction (laerdal or equivalent).

If the equipment is of the appropriate model as shown above and a maintenance program is described and proposed which demonstrates the ability to keep the equipment operational and find faults before they affect patient care, 6 points will be given. If the equipment is not of appropriate model or up-to-date or the maintenance plan is not sufficient to keep the equipment operational, fewer or no points will be awarded using four years as the life expectancy of the equipment.

5-A Business Practices:

- a. The proposal provides ample information to assure that the provider can and will meet all applicable credentialing standards, MCC and EMS rules for the contract period.
- b. The proposal does provide for insurance to at least the RFP minimums.
- c. The proposal does provide all of the costing and revenue projections as requested in Form 1. The cost and revenue figures are reasonable and based upon EMS figures provided. The costs are fully accounted and adequately justified where not applied to the 911 contract.
- d. The proposal does provide for free-of-cost standbys for police and fire agencies.
- e. (e)(f)(g) The proposal does recognize and integrates into the contractor's operations, the TAXI and CHIERS and Rate Study Committee.
- f. (h) The proposal does recognize the EMS Office authority to sample billings and does provide a process to correct incorrect billings.
- g. (i) The proposal does provide for \$42,500 per annum in quarterly payments to EMS for physician-supervisor services.
- h. (j) The proposal does provide a plan of operation for the first six months which considers all aspects of the RFP requirements. The plan is reasonable and does demonstrate financial soundness.
- i. (k) The proposal does describe the billing practices. The billing practices are humane and encourage those who can pay to pay, but those who cannot pay are recognized and billings dealt with humanely. The billing practices also are legal and exhibit sound business practice.
- j. (l) The proposal does describe the legal business structure of the contractor, and it is the same as used in the credentialing process. The business structure is legal in Oregon.

5-E Business Practice:

- a. A ALS flat rate of \$150 will be awarded 20 points. For each ten dollar increase in the rate, 2 fewer points will be awarded. A flat rate of less than \$150 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$250 will be penalized by deducting 3 points for each ten dollar increase.
- b. An ALS flat rate of \$250 will be awarded 30 points. For each ten dollar increase in the rate, 3 fewer points will be awarded. A flat rate of less than \$250 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$350 will be penalized by deducting 3 points for each ten dollar increase.
- c. A \$60 charge per ambulance per hour for private standbys will be awarded 10 points. For each ten dollar increase 3 fewer points will be awarded.

ALL RATES MUST BE PROVIDED ON FORM 2 PAGE 22

6. Safety Net: 6.A.

- a. The proposal does provide for adequate ambulance coverage in the event of a work stoppage.
- b. The proposal does provide for adequate ambulance coverage per the RFP requirements in the event of contractor failure or contract revocation. The proposal does provide for ambulance turnover and use by the county and ready access for operating funds. If a performance bond is used, the bond and bonding company must meet all applicable Oregon and Multnomah County standards.

E. Evaluation Procedure

All proposals will be evaluated by the EMS Proposal Evaluation Committee. The EMS Proposal Evaluation Committee is appointed by the EMS Policy Board and the Board of County Commissioners and is made up of:

- EMS Director (non-voting)
- Representative Citizen (2) (one of which will have financial expertise CPA, etc.)
- Medical Advisory Board Representative
- Multnomah County Medical Society Representative
- Multnomah County Purchasing Department Representative (non-voting)
- Emergency Medical Technician (outside of Multnomah County with no past or present ties to a proposer or licensee of Multnomah County)

When a consortium presents its proposal for evaluation, the consortium must clearly and in detail explain how its component entities or personnel will deliver services, equipment, or personnel in each area of activity. The Evaluation Committee shall not consider cumulative "qualifications." Only the qualifications of the person actually designated to perform the activity or the specifications of the item actually to be used are relevant when specific persons or items are at issue. When corporate or group characteristics are being reviewed, only the least qualified or least well-specified item put forward by the consortium will be considered.

During the evaluation point-award process, the Evaluation Committee may require interviews of personnel described in the proposals, and may hear oral presentations, conduct on-site visits to facilities, or both.

The proposals will be evaluated first to determine whether they meet the minimum requirements. Any proposals which do not pass the minimum requirements will be rejected. Those proposers who do not meet the minimum requirements will be notified by mail.

Those proposals which meet the minimum requirements will be awarded points in the Category B areas.

The top ranking proposal will be recommended to the Medical Advisory Board (MAB) who will comment on the medical efficacy of the proposal. The medical areas which MAB will consider are 1-B(a), 3-A in its entirety, and 4-A (b, c, d, e). The MAB may determine that the proposal is non-responsive in an area. If the proposal is determined by the MAB to be non-responsive, the next ~~highest~~ ranking proposal will be submitted for MAB consideration. The top ranking MAB approved proposal will then be recommended to the EMS Policy Board. The Policy Board will recommend to the Board of County Commissioners (BCC). The BCC will then direct that a contract be awarded.

Attachments:

Ambulance Charge Standard

A BLS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with only those practices that are defined by ORS as EMT-1 practices.

An ALS charge will be made for any ambulance dispatch which results in a transport and the patient is cared for with any practice that is defined by ORS as an EMT-2, 3, or 4 level practice.

Examples:

Practice	Charge level	
	EMT-1 (BLS)	EMT-2, 3, 4 (ALS)
IV		X
Splinting	X	
CPR	X	
O ₂ Administration	X	
Drugs		X
Epenephrine (Anaphylaxis)	X	
Intubation		X
Cardiac Monitoring		X
Defibrillation		X
Bag Valve Mask	X	

ELS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the ELS/ALS protocol standards to gain an additional charge level.

DEFINITIONS

1. Non-emergency Any medical call in which there is no threat to life or limb.
2. Emergency Any medical call in which there is a definite or unknown threat to life or limb and time is of the essence, or that the call is placed to 911 requesting medical aid.
3. Basic Life Support (ELS) The level of care which an EMT-1 may provide. Usually this care will only stabilize a patient and will not result in an improvement in patient condition, i.e., patient assessment, CPR, splinting, etc.
4. Advanced Life Support (ALS) The level of care which an EMT-2, 3, or 4 can provide. It encompasses all basic life support, plus procedures which can improve the patient's condition, i.e., defibrillation, IV, drugs, endotracheal intubation, etc.
5. Code 1 Call The running condition of a patient call or transport in which no lights or siren is used and the ambulance proceeds with the normal traffic flow.
6. Code 3 Call The running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible.
7. Private Call A request for transport which originates at the private ambulance and must be a ~~non-emergency~~ requiring only Code 1 running.
8. Emergency Medical Technician (EMT) An individual who has completed training in the recognition and treatment of medical emergencies in a prehospital environment. The training begins at 110 hours (EMT-1) and progresses to 900+ hours (EMT-4). Certification (2, 3, 4) is provided by the Board of Medical Examiners.

9. First Responder

A responder who usually only provides PLS and can arrive on the medical scene in four minutes or less to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.

10. BLS Ambulance

An ambulance which is able to provide only PLS and is staffed with at least one EMT-1 and a driver.

11. ALS Ambulance

An ambulance which is able to provide ALS/BLS care and is staffed with two EMT 4's.

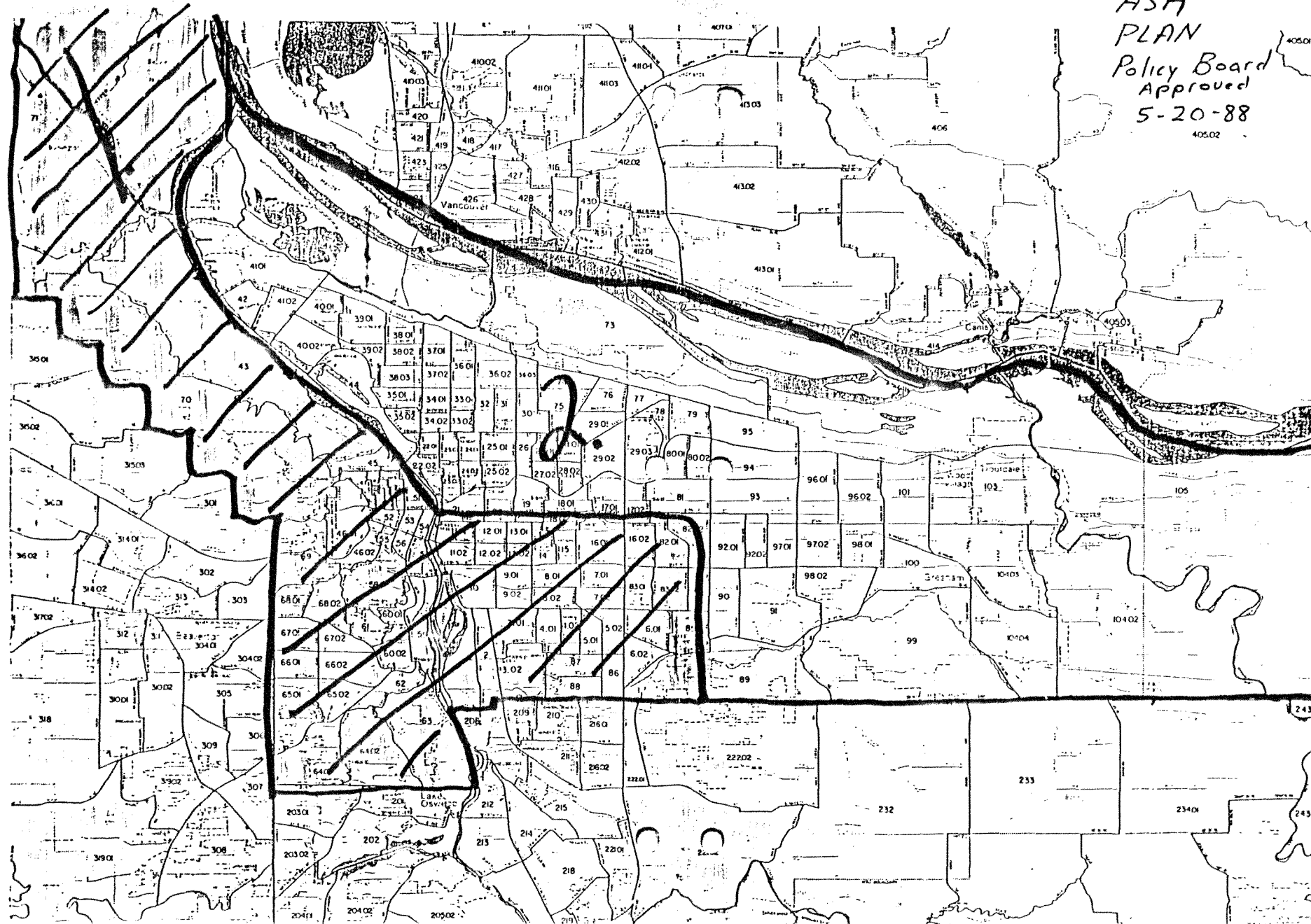
12. ALS Fire Vehicle

A vehicle operated by the Fire Department which is staffed to the state ALS level. The unit may respond either as a sole first responder or as a second first responder unit. A portion of the the vehicles do have the ability to transport patients, but normally do not.

13. ASA Plan

A document required by ORS. The document provides for state overview of a process which restrains free trade. The plan consists of procedures and specifications which address the effective (coordinated service delivery) and efficient (least costly) provision of ambulance services in a county. The plan must comply with relevant OAR's.

ASA
PLAN
Policy Board
Approved
5-20-88



DRAFT II
5/5/88

AMBULANCE SERVICE
AREA PLAN

Multnomah County
Oregon

DRAFT

INDEX

- p. ____ 1. Definitions list related to county ASA plan.
- 2. Communications:
 - p. ____ a) Access to Emergency Medical (EMS) System.
 - p. ____ b) Procedures for dispatch of ambulances.
 - p. ____ c) Ambulance notification procedures.
 - p. ____ d) Emergency radio communications systems.
 - p. ____ e) Notification and response time monitoring process.
 - p. ____ f) Standards for response times.
 - p. ____ g) Training of EMS dispatchers.
- 3. Provider Profile:
 - p. ____ a) ASA financial viability.
 - p. ____ b) Service effectiveness.
 - p. ____ c) Service efficiency.
 - p. ____ d) Level of response.
 - p. ____ e) Level of care.
 - p. ____ f) Staffing.
 - p. ____ g) Patient care equipment.
 - p. ____ h) Emergency patient transport vehicles (ambulances).
 - p. ____ i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
 - p. ____ a) Responsibilities.
 - p. ____ b) Identification of additional personnel and equipment resources:
 - 1. hazardous material
 - 2. search and rescue
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 - 4. extrication

- p. ____ c) Coordination of resources.
- p. ____ d) Method for obtaining out-of-county resources.
- p. ____ e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. ____ a) Mutual aid agreements for ambulance response outside of service area.
- p. ____ b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. ____ a) ASA geographic area.
- p. ____ b) "911", fire district incorporated city boundaries.
- p. ____ c) ASAs designation considering fire district and cities.
- p. ____ d) ASA boundaries considering artificial and geographic barriers to response times.
- p. ____ e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. ____ a) Quality assurance program.
- p. ____ b) Legal sanctions for violations.
- p. ____ c) Input to the county from:
 - 1. consumers
 - 2. providers
 - 3. medical community
- p. ____ d) EMS Policy Board

8. Provides Selection:

- p. ____ a) Mechanism for responding to an application by a provider for an ASA.
- p. ____ b) Mechanism for assignment and reassignment of providers to ASAs.
- p. ____ c) Mechanism for responding to notification that an ASA is being vacated.
- p. ____ d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. ____ a) Signed statement.

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

ASA PLAN

1. DEFINITIONS

- (A) "Advanced Life Support Services" means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs, and solutions, use of adjunctive medical devices, and other techniques and procedures, identified by rules adopted under MCC 6.31.000.
- (B) Advanced Life Support (ALS) Units - means those units staffed by an Oregon-certified Emergency Medical Technician IV as defined in ORS 677.610(1).
- (C) "Ambulance" means any vehicle so certified by the State Health Division.
- (D) Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
- (E) Ambulance Service Area Plan - means a plan which describes the need for and coordination of ambulance service and establishes an ambulance service areas.
- (F) Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County.
- (G) "Appeals Hearings Officer" or "Hearings Officer" means the person or persons designated by the policy board to conduct contested case hearings concerning actions on licenses under this chapter.
- (H) Basic Life Support (BLS) - the level of care which an EMT-1 may provide.
- (I) Basic Life Support (BLS) Units - means those units staffed by two Oregon-certified Emergency Medical Technician I's.
- (J) "Board" means the Board of County Commissioners of Multnomah County, Oregon.
- (K) "City" means the City of Portland.
- (L) Code 1 Call - the running condition of a patient call or transport in which no lights or siren are used and the ambulance proceeds with the normal traffic flow.
- (M) Code 3 Call - the running condition of a patient call or transport in which lights or siren are used and the ambulance proceeds as rapidly as possible. (ORS 820.300-320)

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 67.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides BLS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (AA) "License" means a nontransferable, nonassignable permit, personal to the person to whom it is issued, issued by the director authorizing the person whose name appears as licensee to do business in Multnomah County.
- (BB) "Licensee" means a person possessing a valid license from Multnomah County.
- (CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .
- (DD) "Medical Advice" means instruction, direction, advice, and professional support given to an EMT via radio or telephone communications by personnel at medical resource hospital, for the purpose of assisting in the provision of pre-hospital on-site and in-transit basic and advanced life support services.
- (EE) "Medical Resource Hospital" means a medical facility designated as such under the rules adopted under MCC from which medical advice may be provided.
- (FF) "Multnomah County" or "county" means the unincorporated areas of Multnomah County.
- (GG) Non-emergency - any medical call in which there is no threat to life or limb.
- (HH) Notification Time - means length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.
- (II) Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
- (JJ) "Party means:
- (1) Each person or agency entitled as of right to a hearing.
 - (2) Each person or agency named by the hearings officer or policy board.
 - (3) Any person requesting to participate as a party or in a limited status who is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results.
- (KK) "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention.
- (LL) "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

2a. Communications

- (A) 9-1-1 calls placed for emergency medical assistance within Multnomah County are predominantly answered at the Bureau of Emergency Communications (located at Kelley Butte within Multnomah County).

Several other potential answering points occur within portions of Multnomah County. In the deep east portion of the county (I-84 Columbia Gorge area) phone prefix numbers 374 are answered at the Hood River Public Safety answering point (PSAP). Phone prefixes in the southwest area bordered by Washington County with the phone prefix numbers 291, 292, and 297 are answered at the Washington County Public Safety answering point located in Hillsboro. Phone prefixes 639, 620, 684 are answered by the Tualatin PSAP. Phone prefixes 652, 653, 654, 659 are answered by the Milwaukie PSAP. Phone prefixes 635, 636, 697 are answered by the Lake Oswego PSAP. Phone prefix 543 is answered by the Columbia County PSAP.

The Bureau of Emergency Communications at Kelley Butte is under contract to the Emergency Medical Services office. The Multnomah County ordinance which establishes the Emergency Medical Services administration within Multnomah County, assigns the responsibility to establish and maintain a 9-1-1 medical answering point and dispatch facility for all emergency medical calls originating within Multnomah County, to the EMS Director.

The administrative arrangement between the office of Emergency Medical Services and the Bureau of Emergency Communications (BOEC) and the participating cities within Multnomah County is attached and is entitled Bureau of Emergency Communications User Agreement, Attachment ____.

In those two areas of Multnomah County which are not answered by Multnomah County, the Public Safety Answering Points return the calls to the Bureau of Emergency Communications which dispatches the appropriate ambulance and first-responder to the calls. There is one area of exception. In the Skyline area PFB is notified directly by Washington County to respond first responders.

In addition, the Bureau of Emergency Communications answers 9-1-1 calls which originate out of Multnomah County based upon telephone company switching procedures. Counties which have a portion of their 9-1-1 calls answered by Multnomah County are Clackamas, Washington, and Columbia County. Also, the majority of cellular telephone call drops occur at BOEC even though the call may be two counties away.

2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations/availability and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

2c. Ambulance Notification Procedures

The Bureau of Emergency Communications EMS dispatch will notify the closest ambulance service area ambulance when a call is received which requires an emergency dispatch. All calls requiring a first responder are reported to Fire Alarm Dispatch by nature code, running code, and address.

The information of the central dispatch order is included in the MCC Rule 631-310. In addition, cancellation of the ambulance as a part of the central dispatch order is included in Rule 631-312.

These rules are as attached (see Attachment 4).

2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is ultra high frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by ultra high frequency and very high frequency design. The ultra high frequency uses Med Net 4 and the very high frequency used the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also requires certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Swad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

2e. Ambulance Notification and Response Times

Notification of an ambulance is governed by the user contract between Multnomah County Emergency Medical Services and the Bureau of Emergency Communications. The current user performance contract requires that all emergency medical services calls be processed¹ in 80 seconds time 90 percent. This document is attached as Attachment 1.

Ambulance response times are governed by EMS Administrative Rule 631-326. This rule is attached (see Attachment 4).

The Emergency Medical Services office receives, on a four-week period, all response times within the emergency medical services system. Those response times contain the number of responses in an ambulance services area, number of responses which are under eight minutes and the number over eight minutes.

For each response over eight minutes, specific information is generated; that information consists of the date of the response, the BOEC dispatch number, location of response, unit number of responding unit, actual response time. In addition, ambulance services which are assigned service areas provide to the Emergency Medical Services office, on a four week by four week period, a list of all beyond-eight-minute response times in the ambulance service area. A sample of this report is attached (see Attachment 8).

¹Processed is defined as the time between initial call answering and dispatch of an ambulance.

2f. Ambulance Notification and Response Times

These two sources of information are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS ambulances must respond in eight minutes or less 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain their own quality assurance mechanism to assure these response times are being met.

2g. Training for EMS Dispatchers

All Emergency Medical Services dispatchers functioning at the Bureau of Emergency Communications have been trained to the Emergency Medical Dispatch level.

The training is provided by staff at the Bureau of Emergency Communications and Emergency Medical Services staff.

The training complies with the state-approved Emergency Medical Dispatcher training and uses the majority of material produced by Dr. Clausen of Salt Lake City. A copy of this training program is attached as Attachment 9.

3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations as they provide proposals must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal, the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

3b. Service Effectiveness Demonstration

The effectiveness of the ambulance service to deliver pre-hospital emergency medical care will be continuously monitored by the quality assurance process as detailed in Attachment 12.

A prospective study of the ambulance service area contractor will be provided through the Request For Proposal. Please see Attachments 10 and 11. The Request For Proposal and credentialing process assure that any potential contractor for the ambulance service area must be in substantial compliance with all rules and regulations by state, regional, or local authorities. In addition, the organization must have met its response times for an area and the evidence of these response times being met must be provided as a part of the prospective examination process. The credentialing process to select potential providers will also require reports from system-wide quality assurance processes which demonstrate that the organizations who wish to bid or file a proposal must have provided quality care with no major deviations in morbidity, mortality outcomes for the ambulance service areas which they have served prior to requesting to be assigned an ambulance service area within Multnomah County.

The process of determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by the quality assurance.

3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable as a part of this document. Also, the overall requirement for response times assists in determining service efficiency is maintained as well as service effectiveness.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance cost to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

3d. Level of Response

All calls for medical assistance placed to the 911 system within Multnomah County are call triaged. See Attachment 2. This call triaging and pre-arrival instruction process requires that a certain level of response be provided.

First responders within the Emergency Medical Services ASA-1 and ASA-2 areas are trained to the Quick Responder or above level. All ambulance personnel who respond on Advanced Life Support ambulances within Multnomah County must be trained and certified to the EMT-4 level. This is demonstrated by MCC and EMS Rules, see Attachments 3 and 4.

3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Emergency in this context to mean that the patient must be rendered care within a half an hour or less and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

3f. Staffing

Staffing for emergency ambulance service within Multnomah County for the ASA contractor is considered in Multnomah County Code and EMS Rules, see Attachments 3 and 4. In addition, the Request For Proposal document details even further the requirements with specific reference on unit hour utilization, reimbursement levels for Emergency Medical Technicians, and staffing levels as reported through an ambulance service area plan. See Attachment 11. This examination in a prospective manner of an ambulance service area assignee will allow a detailed process to determine that adequate staffing levels to assure EMT competency with no burnout are maintained.

3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 4 and 3.

In addition, the Request For Proposals determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

3h. Patient Transport Vehicles

The ambulance service area contractor is required by Multnomah County Code and EMS Rule to meet minimum ORS requirements with regard to vehicle construction and standard.

In addition, the Request For Proposal, see Attachment 11 requires that the ambulance contractor to receive points, provide specific up to date ambulances meeting KKK1822B and that the contractor maintains the mechanical stability of the vehicle by the ambulance operator required to have inspections provided at specific mileage increments.

3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine their initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his personnel. In addition, the single physician supervisor will require inservicing and Multnomah County requires attendance at mandatory inservicing for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county through contract with Oregon Health Sciences University offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and be provided a mechanism to assure them of meeting continuing education requirements for the state of Oregon.

4a. Mass Casualty Incident Response Plan

Mass Casualty Incident Response Plan is a requirement of the EMS Rules of Multnomah County. EMS Administrative Rule 631-514 assigns responsibility to develop the Mass Casualty Incident Response Plan and Protocols to the Emergency Medical Services office.

This plan and protocols have been provided and are adopted as a portion of the rules of Multnomah County. The Mass Casualty Incident Response Plan is attached as Attachment 13.

4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

4b. Vehicle Rescue

Vehicle rescue is provided by Portland Fire Bureau, Gresham Fire, Corbett Fire, and Sauvie Island Fire. The Vehicle Rescue apparatus includes Hurst Tools, other types of forcible entry tools, and air bags. Personnel are trained in the use of these tools, and the Emergency Medical Technicians who function with each of the fire agencies as first-responders also provide vehicle rescue services.

A listing of station locations for Portland Fire Bureau and the Gresham Fire Department are attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds only one location in Multnomah County.

All requests for specialized rescue services are directed through the Bureau of Emergency Communications 9-1-1 center, which has standard operating procedures for the response of these units. The standard operating procedure for the Bureau of Emergency Communications is attached as Attachment 17.

4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 13.

4d. Methods for Obtaining Out-Of-County EMS Resources Other Than Ambulances

The responsibilities for out-of-county resources which might be needed in the event of a Mass Casualty Incident, or specialized resource not available within Multnomah County are assigned to the Bureau of Emergency Communications through their standard operating procedures and by the Mass Casualty Incident Plan.

The coordination of this process is through the Bureau of Emergency Communications, and may involve Providence Hospital as the regional hospital, Multnomah County Sheriff's Office with regard to search and rescue, fire departments within the county with regard to mutual aid agreements, and other counties' mass casualty incident plans.

It is also anticipated that the Area Trauma Advisory Board I Plan will adopt a mass casualty incident plan which will provide additional out-of-county resources for each county which finds its resources overcome in a mass casualty incident.

Overall coordination of these specialized resources and their inclusion in the Multnomah County process is through the Office of Emergency Management Multnomah County, and the Office of Emergency Management Portland Fire Bureau, City of Portland.

4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

5a.b. Mutual Aid Agreements

Mutual aid agreements are provided between each ambulance service area provider (in and out of county). It is anticipated that the contractor(s) selected by the RFP will use these same agreements.

Copies of these mutual aid agreements are attached as Attachment 19.

These standards are a part of the information required by EMS Administrative Rule 361-316 adopted December 15, 1986 (see Attachment 4).

6a. Boundaries

AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area, following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside. ASA 2 includes all other areas of Multnomah County.

6b. Other Districts

The fire districts are illustrated in Attachment _____. In addition, city and water district boundaries are illustrated.

The ASA plan respects fire districts with only the area served by Portland Fire Bureau being served by two ASA's. A single call receiving point for ALS ambulances and first responders overcomes this potential problem.

6c. Coordination

The ambulances of each ASA will be dispatched by the same dispatch point (BOEC). This will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see attachment 11) require mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC.

6d. Barriers to Service

The boundaries were designed with the following factors and logic:

1. Similar size - geographic area and population are of similar makeup.
2. Similar EMS responses - the EMS calls answered and number of transports are of similar volume.
3. Hospital location/patient flow - patient hospital destinations when transported by ambulance were considered so as to minimize out of ASA hospital destinations.
4. Geographical impediments to service - the Willamette River is used as a boundary for a portion of the ASA. The southwest hills with road ingress egress problems was considered and placed in a single ASA. The same service provider (ASA 1 serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross.

The response times are the same standard for each ASA. The RFP (see attachment 11) requires that each contractor propose a system status plan which meets response time requirements.

6e. ASA County Inclusion

The ASA map (see attachment 22) illustrates that all of Multnomah County is Covered by an ASA.

7a. Quality Assurance

Multnomah County's quality assurance measures are assigned under Multnomah County Code to the Emergency Medical Services Director under MCC 6.31.040 and 6.31.060, A-4; and to the Medical Advisory Board under MCC 6.31.055.

The quality assurance mechanism currently used by Multnomah County functions under the auspices of the Emergency Medical Services Director and the Medical Advisory Board. The current quality assurance process is described in Attachment 12.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachment 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two main measures.

The first of these measures is the provision of a rate control committee made up of citizens as well as the provider of service and the medical community. This committee will hold hearing every six months to determine that the level of service within the community is meeting the consumers' needs and then any complaints are addressed. In addition, any raising or lowering of rates must begin with that committee. The public will have the right in hearings before the EMS Policy Board and the Board of County Commissioners to provide any complaints or issues which they determine are appropriate to bring forward.

The office of Emergency Medical Services as a representative of the public in its quality assurance monitoring process assures each complainant that their issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to them. The office of Emergency Medical Services must accept public complaints and provide for outcome. See Attachment 12.

8a. Provider Selection

If an ambulance service requests licensing within Multnomah County to provide ambulance service Multnomah County Code provides a mechanism for licensing of the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements it will be issued a license. This is detailed in attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in a open competitive procurement process for delivery of ambulance service to one, both of the two ASAs on a four to five year basis. Ambulance service will be provided to the ambulance service areas by contract.

8b. ASA Provider Selection Process

This section process is to select the most effective, efficient provider of emergency ambulance service.

Selection by competition for an ambulance provider for ASA 1 and 2 is to be done through a request for proposal. The RFP building will involve participation of persons knowledgeable in EMS and other persons who have areas of technical expertise that will be useful in constructing various components of an RFP. An RFP construction committee will organize the RFP using point ranking. Consideration and recommendations for award of the contract will be made by an evaluation committee.

Steps of Selection of a provider:

I. Construct a Request For Proposal

- A. RFP construction is to be done by the construction committee.
- B. The EMS system RFP is broken into six components.
 - 1. Personnel, i.e. working conditions, level of training, continuing education accessibility at time of recontract, benefits, etc.
 - 2. Communications, i.e. response, triaging, ambulance placement, level of response, integration with first responses.
 - 3. Medical, i.e. protocols, off-line, on-line, drugs, quality assurance.
 - 4. Equipment, i.e. ambulance, communications, housing, ALS/BLS medical equipment.
 - 5. Business Practices, i.e. rates, billing procedures, third party reimbursement.
 - 6. Safety Net, i.e. guarantee: no loss of service delivery, no low quality of care or inability of operator to comply with the standards of the contract and minimum bidding qualifications.
- C. A construction committee is to guide the overall construction of the RFP.
- D. The committee will be staffed by the EMS office.

8b. ASA Provider Selection Process cont'd

- E. The RFP construction committee is to be selected by the EMS Policy Board. The makeup of the committee is:

EMS Director Ex-Officio Chairman
Medical Advisory Board Representative
Representative of Small Business
Attorney (County Counsel)
Multnomah County Medical Society Representative
Emergency Medical Technician-Paramedic
Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

- II. The Medical Advisory Board will review the proposed RFP and any changes requested will be returned to the Construction Committee.
- III. The Emergency Medical Services Policy Board will review the RFP and advise the Board of County Commissioners (BCC).
- IV. The Board of County Commissioners will approve the RFP after considering the EMS Policy Board recommendation.
- V. Advertisement for bids will be made by Multnomah County Purchasing using the RFP and RFC.
- VI. A bidder qualification study will be performed using a Request For Credentials (RFC).
- A. The RFP Construction Committee is to review and select potential bidders based on preset minimum qualifications criteria as set forth in the RFC.
- VII. A pre-bid conference for qualified bidders will be conducted.
- VIII. Proposal Evaluation

- A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Board and ratified by the BCC and made up of the following positions (no person is to serve in a voting capacity on both committees):

EMS Director Ex-Officio Chairman
Medical Advisory Board Representative
Citizen (2)
Multnomah Medical Society Representative
County Purchasing Representative (non-voting)
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process cont'd

- B. The Evaluation Committee will evaluate all proposals.
 - C. The Medical Advisory board will review and make recommendations concerning the recommended proposal.
 - D. The EMS Policy Board will recommend the proposal to the BCC based upon the Evaluation Committee and the MAB recommendations. If the EMS PB determines the proposal is not acceptable, the proposal will be returned to the Evaluation Committee.
 - E. The BCC will receive the recommendation from the EMS PB. If the BCC determines the proposal is unacceptable, the proposal will be returned to the EMS PB. If the BCC, upon determining the proposal is acceptable, will direct Multnomah County Purchasing to negotiate a contract with the successful proposer.
- IX. The contractor will be monitored by the EMS office to assure that contract requirements are met.
- A. Medical (Medical Advisory Board)
 - B. System (Medical Advisory Board)
 - C. Business (Rate Committee)
- X. The competitive bid process will meet all Multnomah County purchasing standards.

8b./c. ASA Provider Reselection Process

Provider reselection criteria.

A provider of ASA 1 and ASA 2 of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of the emergency ambulance service for ASA 1 and ASA 2 will be selected.

If the provider should fail in less than the four year contract period or the county determined that contract standards were not being met and revoked the contract the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.

8d. Procedures for Resolving Disputed Cases

The procedure for resolving disputes with regard to ambulance service area operators or contractors is a two-fold process.

The contract between the county and the ambulance service area operator will provide for measures to reduce conflict and provide effective outcome.

MCC and EMS Rules also provide a mechanism for solving of disputes and hearing process. These are detailed in Attachment 3 and 4.

1-8
7/5/88

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May 27, 1988

Board of County Commissioners
Multnomah County Courthouse
1021 SW Fourth Avenue
Portland, OR 97204

Subject: Emergency Medical Services: Ambulance Service
Area Plan and Bid Documents

Dear Board Members:

In the near future, you will be receiving resolutions from the Emergency Medical Services Policy Board recommending adoption of an Ambulance Service Area Plan, a Request for Credentials, and a Request for Proposals. As part of the EMS Policy Board's consideration of these documents, I submitted three papers, entitled;

"ASA Plan: Technical Comments of AA Ambulance"
"Bid Documents: Technical Comments of AA Ambulance"
"Public Policy Criticism of the Proposed Emergency Ambulance System Reorganization in Multnomah County"

I should point out that the EMS Policy Board did not discuss any of these papers or any of the specific comments and requests they contain.

As part of your consideration of the Policy Board's recommendations, I request that you review these three papers. As you know, AA's principle request is that you refuse to approve the proposed ASA Plan and instead develop a Plan calling for rate regulation and regulation of emergency ambulance numbers. If you do approve the proposed Plan, then AA requests that you at least make the revisions requested in the technical comments.

I will be happy to answer any questions that you may have.
Also, I request that this letter and the enclosed papers become a
part of the official record in the proceeding before you.

Very truly yours,



Christopher P. Thomas

CPT:mab

cc: Commissioner Pauline Anderson
Commissioner Polly Casterline
Commissioner Gretchen Kafoury
Commissioner Gladys McCoy
Commissioner Caroline Miller
Pete Robedeau
Jeffrey M. Kilmer

ASA PLAN:
TECHNICAL COMMENTS
OF
AA AMBULANCE

1. Neo-Natal Specialty Service. Although there has been no public discussion, the ASA Plan would change and probably eliminate a specialty service that the private ambulance industry presently provides to newborns in Multnomah County.

Presently, OHSU and Emanuel have special facilities for treating ill newborns. This means that periodically there is a need to transport newborns from the hospital of birth to one of these specially equipped hospitals. The hospitals require that these transports be done as quickly as possible. Therefore, they are treated as Code 3 ambulance calls, with sirens running and transport as rapid as possible. A hospital medical team rides in the ambulance.

AA Ambulance, due to the past competitive structure of ambulance services in Multnomah County, purchased and has provided for several years special neo-natal and pediatric units to handle these transports. The hospitals regularly call AA to carry these patients, knowing that only AA has the needed vehicles. Since the Multnomah County Code and EMS rules specifically exclude from EMS jurisdiction any transport arising from a hospital occurrence or situation, these transports historically have been treated as emergency Code 3 transports that are not subject to EMS jurisdiction.

Deleted based on Joe Acker's representation that the ASA Plan will not regulate interhospital emergency Code 3 transports.

Part 1 (Definitions), NN (Private Call), of the proposed ASA Plan seeks to change this situation. Section NN defines a Private Call as "a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running." The purpose of this section is to define those calls that any ambulance operator may handle, as distinguished from all other calls, which must be referred to 911 and handled by a franchised provider under the ASA Plan. See also Part 3(e).

This definition will mean that interhospital emergency neonatal transports will become the "property" of the franchised provider, since they no longer will be "private calls." Thus, unless AA Ambulance is the franchised provider, there no longer will be neonatal specialty vehicles. This means that over time there will be an increase in infant mortality.

It is requested that the ASA Plan recognize explicitly that these transports will continue to be exempt from EMS jurisdiction. Otherwise, adoption of the ASA Plan will lead to a degradation of infant emergency medical services in Multnomah County, since the proposed Request for Proposals contains no requirement that bidders provide special neonatal and pediatric vehicles.

2. Response Time Data. Part 2(e) identifies certain data that EMS and BOEC supposedly collect and maintain regarding call processing times and ambulance response times. A recent study has shown that these data are woefully inaccurate. The ASA Plan, in representing that these data are collected, therefore is

misleading. Before such statements are made, there should be a study of the data collection system, an identification of the problems, and the implementation of corrections.

3. Ratepayer Subsidy of Public Services. Part 3(a) fails to disclose that under the proposed ASA Plan, the franchised provider will be required to subsidize certain public services. For example, they will be required to subsidize the CHIERS Program and aspects of first responder services. The ASA Plan should disclose this.

4. Ambulance Cost. The ASA Plan, when combined with the RFP, requires that the providers selected to serve Multnomah County provide new ambulances. This is accomplished by awarding extra points for new ambulances in the RFP selection process. Ambulances thus must meet a higher standard than that required by state law and current County EMS regulations. This will result in higher operating costs. Part 3(h), which describes vehicle requirements, in order to be honest, should state that the RFP, by containing higher equipment standards than state law, will increase ambulance provider costs and user rates.

5. ASA Boundaries. The boundaries of the two Ambulance Service Areas should be changed. Dennis Scott suggested changes in the boundaries at the EMS Policy Board April 4, 1988 meeting. His proposed changes should be made. In addition, the northern portion of the line separating the two ASAs should be drawn down the Willamette River and not down Multnomah Channel. This will place Sauvie Island in the same ASA as the area on the west side

Corrected in most recent ASA Plan draft.

~~of the Willamette River. Sauvie Island thus will be served from the west side rather than from St. Johns. This will provide for a more efficient system.~~

6. Rate Control Committee. Under the ASA Plan, the rates to be charged by franchised ambulance service providers will be the rates bid in their proposals. The only basis for changes in rates will be changes in County imposed ambulance service requirements and unforeseeable changes in circumstances. In this context, the consideration of rate changes should be a technical process involving people with expertise in identifying changes in costs and the relationship between rates and revenues.

The ASA Plan, in Part 7(c), calls for a rate control committee to be made up of citizens, the franchised providers, and medical community representatives. This is an improper committee makeup. All of these groups could be parties to any rate review, but the committee itself should be comprised of disinterested technical experts.

7. RFP. Part 8(b) sets out a procedure by which the RFP for the two-provider system will be issued. Although this procedure was followed for the single provider RFP, it has not been followed for the changes that were made in the shift to two RFPs for the two-provider system. Thus, according to the ASA Plan, the draft RFPs should be refereed back to the RFP Construction Committee for consideration.

8. Contract Negotiation. Part 8(b) states that following selection of a provider, the County will negotiate a contract

with the selected provider. This is a major mistake. The contract should be drafted in advance, with blanks left only for infilling of items and rates that are bid by the selected provider. There should be no need for negotiation once the provider is selected. Otherwise, a provider may use the negotiations to escape from bid commitments, thus making a sham of the bid process.

BID DOCUMENTS:
TECHNICAL COMMENTS
OF
AA AMBULANCE

1. Physician Supervisor. The Request for Credentials (RFC) and Request for Proposals (RFP) call for a single physician supervisor for emergency medical services in Multnomah County. It is intended that this will cover first responders and franchised providers. The estimated cost for the physician supervisor is \$85,000.

~~The RFC and RFP call for each provider to pay \$42,500, with~~ the two providers thus covering the full physician supervisor cost. This fails to acknowledge, however, that first responders also will use and should contribute towards supporting the physician supervisor. Presently, the Portland Fire Bureau (PFB) alone spends \$50,000 each year for physician supervisor services. If the franchised providers pay the full \$85,000, the effect will be to subsidize physician supervisor services for first responders. This will transfer to ambulance ratepayers costs presently paid by taxpayers.

There also have been substantial questions raised by County staff about the workability of the physician supervisor concept as originally proposed. One question, for example, deals with legal liability for the physician supervisor's activities. It is possible, in a resolution of this question, that the franchised providers will be made legally liable for physician supervisor activities. This in turn may require the providers to carry

liability insurance for the physician supervisor. Yet the RFC specifically states that the providers will not have to carry this insurance. The RFC and RFP similarly contain other statements that are inconsistent with possible resolutions of the physician supervisor questions. Clearly, these issues must be resolved before the RFC and RFP are issued.

2. Bidding Both ASAs. The RFC is ambiguous on whether the current Multnomah County providers automatically meet the population standards required to bid on both ASAs.

~~Part VIII(A) of the RFC states that in order to bid, a bidder must either (1) have been licensed for and provided ALS care in the County during 1986 and 1987; or (2) have provided primary ALS services for the last two years to an area with 125,000 population. Part IV states that in order to bid both ASAs, there must have been a 250,000 population served.~~

Under the prior single provider bid documents, there was a 250,000 population requirement. Current Multnomah County providers, however, were exempt from this requirement. It therefore appears that they also are exempt from the current 250,000 population requirement to bid both ASAs and instead can bid both ASAs by virtue of their licensure during 1986 and 1987 in Multnomah County. This needs to be confirmed.

3. Winning Both ASAs. The RFC appears to say that a single bidder may win both ASAs. See RFC Part VI. It is AA Ambulance's opinion that this would be illegal. In addition, there are strong policy arguments against this approach. For example,

having only one emergency ambulance provider will make it practically impossible to replace the provider in the event of inadequate service or financial difficulties. For these reasons, the bid documents should be revised to state that a provider may bid both ASAs, but may win only one.

4. Personnel Compensation. Parts D(1)(A)(b) and (c) of the RFP establish minimum acceptable pay levels and benefit levels for EMT-4s. They also require a retirement program with full vesting at five years. It is inappropriate for the County to set pay levels or methods. ~~These are management/labor issues that~~ should be left to the parties involved.

5. New Employee Hires. Parts D(1)(A)(e)(1) and (2) of the RFP require that EMT-4s working in the County since July 1, 1987 be hired in preference to other EMT-4s with no loss of wages or benefits accrued. This means that the provider will have to establish an initial fund to cover accrued benefits. These could include vacation, sick leave, and unvested pension benefits. No effort has been made to determine the amounts of these accruals. Whatever the amounts, this initial funding requirement will be charged to ratepayers. These requirements should be deleted and left to the provider's discretion.

6. Unit Hour Utilization. Part D(1)(B)(a) of the RFP requires that the bidder specify the low and high range of unit hour utilizations within which its operation will fit. The purpose of this requirement is to assure that the ambulance crews have enough emergency work to maintain their skills but not so

much as to cause burnout. This is an area that was of concern to the Multnomah County Medical Society, which felt unit hour utilization in Multnomah County was too low to maintain skills. This area is worth 30 points in the evaluation process. In evaluating proposals, it is critical that bidders use the same, correct definition of unit hour utilization. In particular, it needs to be clear that UHU is defined as the number of emergency transports divided by the number of staffed hours per shift. Credit should not be given for non-emergency transports, since they do not provide for skill maintenance. ~~The present~~ definition, however, includes all transports and not just emergency transports.

7. Field Supervisors. Part D(1)(B)(b)(1) of the RFP establishes a minimum field supervisor/EMT-4 ratio that the provider must maintain. The effect of this is to punish bidders who are efficient enough to operate with less management personnel. This is ironic, since one criticism of a multiple provider system was that it requires too many management personnel. The annual system cost of this requirement, above and beyond what an efficient operator would spend, is \$180,000. This requirement should be eliminated and left to the provider's discretion.

8. Management Personnel. Part D(1)(B)(b)(2) of the RFP requires a minimum of 3 top management personnel who must carry out operations, business, and training management functions. Here again, these matters should be left to the discretion of the

provider. Of particular concern here is a requirement that the Training Coordinator have conducted a peer review process for 50 paramedics for 3 years. The 50 paramedic requirement is the same as that in the RFP for a single ASA. There has been no reduction even though the size of each ASA has been cut in half. The 50 paramedic requirement should be eliminated.

9. Higher Pay and Benefits. Part D(1)(B)(c) of the RFP actually rewards a provider who has a higher cost system by awarding up to 45 extra points for giving EMT-4s higher wages and benefits than the specified minima. To qualify for these points the provider also must give preference to employees with seniority in Multnomah County. The annual system cost of giving these higher wages and benefits would be \$335,000. This part of the RFP should be deleted and left to the discretion of the provider.

10. Radio Equipment. Part 2(A)(a) of the RFP requires a bidder to provide certain radio equipment that presently is provided by the County. The annual cost of this cost shift is \$14,000. (On this and other capital items, the annual cost was determined by spreading capital costs over the contract term.)

11. EMS Dispatch Records. Part 2(A)(n) of the RFP states that in a dispute, EMS records will be the final authority in response time determinations. A recent study, however, has indicated that EMS dispatch records are woefully inaccurate. Furthermore, even were the records generally accurate, there always would be some mistakes in EMS dispatch records. In

response time disputes, a hearings officer should determine the facts. Thus, the offending sentence of this part of the RFP should be deleted.

12. First Responder Insurance. Part 2(A) of the RFP requires the provider to maintain liability insurance that covers first responders as additional insureds. The language of the part is ambiguous and requires rewriting. This represents a cost shift from the first responder to the provider. The annual cost is \$14,000.

~~13. Mutual Aid. Parts 2(A)(s) and (t) deal with mutual aid agreements under which ambulance providers in surrounding areas will provide assistance within Multnomah County under certain circumstances and vice versa. Recently, the EMS Office has proposed to have some peripheral county areas attached to service areas in adjoining counties. This would allow Multnomah County operators to be more efficient. If this is to be done, the language of part 2(A)(t) needs reworking.~~ One problem with ~~doing~~ this now, as well as with other changed system requirements spelled out in the RFP, is that the new system requirements will be substantially different than the present system requirements. This means it will be very difficult to compare bid ambulance rates to present ambulance rates. In other words, it will be impossible to determine whether the bid process has accomplished the purported goal of reducing ambulance rates.

14. Automatic Vehicle Locator System. Part D(2)(B)(a) of the RFP awards up to 15 points to a provider who has an automatic

vehicle locator system or its equivalent. This is new and relatively untested technology. The annual capital and maintenance cost of this system would be \$47,500. This part should be deleted.

~~15. EMS Physician-Supervisor. Part D(3)(j) of the RFP requires a particular relationship between the EMS physician supervisor and the provider. Recent discussions between County personnel and the Medical Advisory Board have considered the workability of the required relationship. This part may need to be reworked.~~

16. First Responder and Letterman Equipment. Part D(4)(A)(c) of the RFP requires the provider, at its cost, to replace certain disposable equipment used by a first responder to treat a transported or charged patient. This requirement applies to paying patients and also to transported but non-paying patients. This requirement is a cost shift to the provider. Part D(4)(A)(e) requires the provider to stock trauma centers with certain equipment for exchange following delivery of a patient. This is a new cost. These two requirements together will increase provider costs by \$5,000 per year. These parts should be deleted.

17. New Vehicles. Part D(4)(B)(a) of the RFP awards points to a provider for having vehicles less than 1 year old and with less than 10,000 miles. This forces the provider to begin the contract period with all new vehicles, rather than using some vehicles they already own. It will result in maintenance work

increasing over the term of the contract. The better business approach would be to spread new vehicle purchases over the contract term so that a proportion of vehicles is replaced each year. This would enable maintenance to be held at a constant level. The annual cost of the RFP requirement, as distinguished from the better approach, is \$45,000. So long as the provider meets regulatory service requirements, such as for response times, vehicle age and mileage should not be a factor. Vehicle purchase schedules should be left to the provider's discretion. This part should be deleted.

18. Preventative Maintenance. Part D(4)(b)(b) of the RFP awards points for periodic vehicle safety inspections to be conducted by an outside shop specializing in ambulance vehicles. This is a new requirement. The annual cost, after year 1 if all new vehicles are purchased, would be \$12,000. This part should be deleted.

19. Reserve Ambulances. Part D(4)(B)(c) of the RFP awards points for and in effect requires 1 reserve ambulance, nearly fully stocked, for every 3 non-reserve ambulances. The number of reserve ambulances should be left to the provider's discretion. The provider then would determine how many reserve ambulances are needed in order to meet regulatory requirements, such as for response times. This part should be deleted.

20. Ambulance Equipment. Parts D(4)(B)(d)(1) and (2) of the RFP award points for and in effect require that the provider use specified new ambulance cots and portable monitor

defibrillators, even though existing equipment may be adequate. The annual cost of this new requirement is \$42,000. These parts should be deleted.

21. Insurance. Part D(5)(A)(b)(3) of the RFP requests the provider to carry \$1 million in umbrella liability insurance, in addition to \$500,000 vehicle liability and \$1 million malpractice insurance. This part should be deleted. In addition, the language of Part D(5)(A)(b) should be revised to state more clearly that the provider, if a public agency, will be required to waive the liability limits of the Oregon Tort Claims Act.

22. CHIERS Program. Part D(5)(A)(f) of the RFP requires participation in the CHIERS Program. Apparently, the EMS Office will be requesting that the provider subsidize this program. A subsidy will increase the provider's annual cost and should be rejected.

23. Startup Expenses. Part D(5)(A)(j) of the RFP requires submission of a start-up plan. It should be pointed out that startup costs will be approximately \$100,000. Spread out over four years, this means an annual cost increase of \$25,000 per year.

24. Free Standby Time. Part D(5)(A)(n) of the RFP requires the provision of at least 50 hours of free standby time per month to public events. The provider thus would be subsidizing these events, at the expense of ratepayers. This part should be deleted.

25. Standby Charge. Part D(5)(B)(a)(3) of the RFP requires the bid to include the amount of private standby charges. It awards up to 10 points based on this amount, which is 1/6 of the total points awarded for rates. This is a disproportionate award. Indeed, this part should be deleted altogether.

26. ALS/BLS Rates. Parts D(5)(B)(a)(1) and (2) of the RFP require the bidding of ALS and BLS rates. They award up to 20 points for BLS rates and 30 points for ALS rates. (It should be pointed out that these 50 points for rates are only 1/4 of the total points that can be awarded.) ~~Yet there are many more BLS~~ than ALS calls. Thus the weighting needs revision, both as between BLS and ALS rates and as between rates generally and other matters. Indeed, the best RFP structure would be to specify all other matters and have bidding of rates only.

27. Safety Net. Part D(6)(b) of the RFP requires the provider to incur costs to establish a permanent arrangement for the County to take over the provider's assets and substantial amounts of cash, for a 6 month period, in case of a provider failure or default. The annual cost to maintain this arrangement will be \$79,000. The part should be deleted.

28. Point Awards. Various of the point award procedures are difficult or impossible to understand. This creates an area of potential major controversy and litigation. For each point award area, a table should be developed showing specifically how points will be awarded based on the bid. For examples of the

incomprehensibility of the RFP regarding point awards, see Parts F(1)(B)(a) and (b) and F(4)(B)(c) and (d) of the RFP.

29. Evaluation Procedure. The evaluation of bids, under the proposed process, is highly technical and largely mechanical. There is not a need for as unwieldy an RFP Evaluation Committee as is described in Part G of the RFP. This part needs to be reworked.

30. Overall Cost Increase. In addition to the annual cost increases that the RFP may cause, described above, there will be two additional sets of increases. ~~First, interest costs to cover~~ the annual increase related to capital investments will be \$38,000 per year. Second, due to the fact that County supervision will have to be highly intensive in order to ensure contract compliance, there will be annual provider costs of \$45,000 for government relations personnel and annual EMS costs of \$45,000 for regulatory personnel. All told, the resultant new costs will be \$878,000 per year. This will translate into a rate increase of 15 to 20 percent.

PUBLIC POLICY CRITICISM OF THE PROPOSED EMERGENCY
AMBULANCE SYSTEM REORGANIZATION IN MULTNOMAH COUNTY

The Multnomah County Office of Emergency Medical Services and others have proposed a radical reorganization of emergency ambulance services in Multnomah County. Presently there are four companies that provide these services in the County. Each has a primary geographic area that it serves. Each company also provides backup service for the other companies. The four providers are AA, Buck, Care, and Tualatin Valley. Tualatin Valley and Care have the same owners and operate largely as a single company.

The EMS Office and others have proposed a radical reorganization that would allow only one emergency ambulance provider for all of Multnomah County. The Multnomah County Circuit Court ruled this illegal. The ruling has been appealed. In the meantime, the EMS Office and others have proposed a reorganization that would allow only two providers, each with a geographic service area. The providers would be determined through a bid process. The same provider could win the bidding for both service areas, thus establishing a single provider system. The winning providers could be from among the current providers, a public agency such as the Portland Fire Bureau, or a provider from elsewhere in the United States. Unless it is a winning bidder, AA Ambulance would be put out of business as a result of this process. Unless it wins, Care or Buck Ambulance

would be seriously injured but would continue in business because of other business they engage in outside Multnomah County.

Supporters of this radical reorganization have made three arguments in its support. Their principal argument is that it would reduce emergency ambulance rates. Their next argument is that it would allow uniformity and better control of medical service by allowing for a single medical supervisor of the ambulance system. (Presently, AA, Care, and Tualatin Valley use one medical supervisor; Buck a second; and the first responders such as the Portland Fire Bureau a third.) ~~Their third argument~~ is that a single provider or two providers could operate with less ambulances, thus increasing the work of each ambulance crew and allowing each crew to become more skilled and proficient.

The following pages demonstrate why the proposed radical reorganization is not a good idea. First, they show that Multnomah County emergency ambulance rates are not too high. In fact, they show that the Multnomah County system is very efficient. Second, they describe the very serious problems that the radical reorganization plan would create. Third, they describe proposals made by AA Ambulance that would meet the goals of the radical reorganization plan without creating the side-effect problems.

1. Are Multnomah County Ambulance Rates Unreasonably High?

The fundamental premise for the proposed reorganization of ambulance service in Multnomah County is that under the present organization, ambulance rates are too high. This premise, in

turn, is based on a study and report prepared for Multnomah County by Jay Fitch & Associates. During the course of the reorganization proceedings, opponents of the reorganization have demonstrated, without rebuttal, that the Fitch study (a) is not trustworthy, (b) is misleading, and (c) is evidence, when correctly understood, not only that County ambulance rates are not too high, but also that the County ambulance system is very efficient.

(a) Not Trustworthy. Fitch evaluated County ambulance rates by comparing them to rates in other cities. To do the comparisons, he solicited data from those cities. Except for a few hours during which he allowed some citizen committee members who were unsophisticated in ambulance matters to look at the data, Fitch has refused to allow anyone to see the data. For two of the cities that provided data, however, AA Ambulance has been told by representatives of those cities that the data they provided are different than the numbers that appear in Fitch's report. The County EMS Office, which could gain access to the Fitch data simply by asking for it, consistently has blocked any attempt to get the data. The Emergency Medical Services Policy Board and Multnomah County Commission have refused to ask for the data. Thus the entire reorganization plan is based on secret data some of which are known to be false. This leaves a suspicion that the data are being kept secret to hide something.

(b) Misleading. (1) Rate Structure. In evaluating rates for an ambulance system, it is necessary to study all of the

transports done by the system, the total cost of the system, and the way in which the total costs are charged among all of the transports. For example, suppose System A does three kinds of transports:

Emergency Advanced Life Support Transports (5,000 per year)¹

Emergency Basic Life Support Transports (25,000 per year)²

Non-Emergency Basic Life Support Transports (20,000 per year)

Furthermore, suppose the total system cost for the ambulance provider is \$10 million per year. The ambulance provider can structure its cost recovery system in many different ways, each of which will result in different rates. For example, suppose (hypothetical I) the provider charges the same rate for each transport regardless of type: then the cost recovered per transport must be \$200. Suppose (hypothetical II) the provider believes that emergency services are twice as expensive as non-emergency services and that cost recovery should be based on cost of service: then the cost recovered per emergency transport would be \$250 and the cost per non-emergency transport \$125. Or, suppose (hypothetical III) the provider has the same belief but also believes ALS transports cost more than BLS transports: then the cost recovered per ALS transport might be \$350, the cost per emergency BLS transport \$230, and the cost per non-emergency

1. ALS transports require skilled paramedics (EMT-4s).

2. BLS transports require less skill and less qualified emergency medical technicians. BLS transports may be emergency or non-emergency transports.

transport \$125. All three cost recovery systems produce the same total revenues. Each system, however, has a different rate structure, depending on the costs to be recovered from each type of transport.

Different cities use different cost recovery systems. It therefore is obvious that it is not possible to make a valid comparison of ambulance rates among cities by comparing rates for types of transports. For example, it would be incorrect to compare the \$350 ALS rate in hypothetical III to the \$200 ALS rate in hypothetical I and conclude that because the hypothetical III rate is higher, then the hypothetical III ambulance system must be more costly. In fact, the two systems cost the same amount. They simply have different rate structures.

The Multnomah County rate structure is the type in hypothetical III. The rate structure in most cities to which Fitch compared Multnomah County is the type in hypothetical II or I. Nevertheless, half of Fitch's comparisons involved comparisons of County ALS rates to ALS rates in other cities. He concluded that County ALS rates were higher than those in the other cities. He failed to disclose, however, that the rate structures in other cities were different. He left the unsophisticated reader to conclude that the County must have a more costly system, when that conclusion was not warranted. His report thus was grossly misleading and, so far, has succeeded in misleading the decision makers.

(2) Regulatory Environment. A second factor that affects rates is the regulatory environment. Each city has its own standards for ambulance service, and some standards require better and more expensive ambulance service than others. Some of the factors that significantly affect the cost of ambulance service are ambulance staffing requirements, response time requirements, subsidies from the public sector, and dispatch policies.

In doing his comparisons, Fitch tried to make compensating adjustments to balance out staffing requirements and subsidies. He made no adjustments to balance out response time requirements (indeed, he misrepresented some of them) and dispatch policies.

Response time requirements dramatically affect the cost of ambulance service. The more demanding the response time, the more ambulances the system must have operational and the more expensive the system. Multnomah County has the most demanding response time requirements of all the comparison cities. Yet Fitch made no allowances for this requirement.

Dispatch policies also dramatically affect the cost of ambulance service. The more dispatches a system makes, the more ambulances must be operational and the more expensive the system. In any system, however, in a certain number of cases an ambulance will be dispatched to a destination but will end up not transporting a patient. Since there are costs associated with a no-transport dispatch, and since only transported patients ordinarily are charged for ambulance service, transported

patients end up paying for the costs incurred in no-transport dispatches.

Some cities have conservative dispatch policies. They "triage out" a lot of people who call 911. Other cities, including Multnomah County, have liberal dispatch policies. They do much less "triaging out." The liberal policies lead to more no-transport dispatches, but also are less likely to triage out someone who should be transported. Since the liberal policies lead to more no-transport dispatches, they also result in higher system costs that translate into higher rates.

Dispatch policies are set by the regulatory agency. Here, they are set by the Multnomah County government. Of the comparison cities in Fitch's study, Multnomah County has the most liberal dispatch policy, resulting in the highest percentage of no-transport dispatches. Yet Fitch made no adjustment for this in his rate comparisons.

The best way to balance out differences in dispatch policies is to do comparisons of average system cost per dispatch, rather than per transport. Cost per dispatch is a good number because the number of dispatches is a prime determinant of the number of vehicles in a system, and the number of vehicles and associated crews is the main determinant of system cost. Thus cost per dispatch is an excellent measure of system efficiency. Yet Fitch failed altogether to provide information on cost per dispatch. Nevertheless, using the data from Fitch's study, the costs per dispatch were:

<u>City</u>	<u>Cost per Dispatch</u>
Kansas City	211.74
Wichita	155.04
Tulsa	152.80
Oklahoma City	148.08
Multnomah County	144.52

These data demonstrate that Multnomah County has an extremely efficient ambulance system.

(3) Rates Not Too High. A properly thorough and sophisticated analysis of ambulance rates in Multnomah County and other cities indicates that Multnomah County has a highly efficient ambulance system. Multnomah County also has very demanding response time requirements and very liberal dispatch policies, which increase system cost. To the extent savings can be made, therefore, the savings will come through reducing regulation-driven costs and not through system reorganization.

The kind of sophisticated analysis suggested here, taking into account differences in rate structures, ambulance staffing requirements, subsidies, response time requirements, no-transport dispatches, and other variables is the kind of analysis suggested in an article written by Jack Stout in 1985 for the Journal of Emergency Medical Services (JEMS). Stout is a nationally prominent emergency medical services "guru." His 1985 article was in the possession of the County EMS staff during hearings on possible emergency ambulance system reorganization. On instructions from the County Health Officer Dr. Charles Schade, however, the EMS staff did not distribute it, because it might be "divisive." Similarly, EMS staff consistently has failed to give

any sophisticated response to the kind of analysis presented here and, indeed, has refused to discuss most of the issues raised.

2. Possible System Adjustments. Notwithstanding the above analysis, and in a spirit of compromise, AA Ambulance has made proposals for system adjustments that might provide some improvements to the Multnomah County system and would provide security as to the reasonableness of rates. These adjustments are:

(a) Rate Regulation: AA has made a detailed proposal for rate regulation involving an initial ~~sophisticated rate analysis~~ with full procedural safeguards conducted by a disinterested paid expert, followed by periodic review of requests for rate increases or reductions by a committee of citizens with financial expertise.

(b) Ambulance Limitations: AA has proposed that the number and location of ambulances in the Multnomah County system be limited by regulation. This would ensure that competition among ambulance providers is not causing the use of extra ambulances in the system and resultant extra costs.

(c) Single Medical Supervisor: AA has proposed the hiring of a single medical supervisor for the County system, to meet concerns of those interested in medical control.

EMS staff has opposed each of these proposals and has refused to discuss them except when forced to do so by AA. This has led to the suspicion, confirmed by some EMS staff statements, that EMS staff is afraid that people will realize, following

implementation of these changes, that EMS staff's proposed radical system changes are not necessary.

3. What Is Wrong With Current Office of EMS Proposals? The EMS proposals would allow only one emergency ambulance service provider in Multnomah County or, at most, two. The proposals may be illegal. Apart from that, however, they represent very poor public policy.

There currently are three principal providers of emergency ambulance service in the County: AA, Care, and Buck. They represent many decades of service by locally owned business people. The EMS proposals would destroy or seriously injure one, two, or perhaps all three of them. This should be a difficult thing to do under any circumstance, but particularly when there is not a solid evidentiary base indicating there is a need for change or that some other less injurious change would not produce the same result. Therefore, with ambulance rates being the principal issue, there should be no reorganization until a valid rate study is done.

A shift to a single provider or, at most, two providers, would cause other problems. The proposal is to have providers bid to operate the system. The winning bidder then would be the exclusive emergency ambulance operator for 4 years in its service area. Bidding tends to force bids that are unreasonably low in terms of rates and unreasonably generous in terms of services. The City of Portland's experience with the bidding of a cable television franchise confirms this. The winning cable company,

Rogers, simply could not economically deliver on its rate and service promises. Repeatedly, the City has had to grant concessions.

To make matters worse, once the bid is awarded to a provider, the other local providers are required by law to go out of the emergency ambulance business. The winning bidder thus is in the driver's seat, since it is the only "game" in town. Experience indicates that the winning bidder, after a short period of operation, after suffering initial losses, will be in a position to demand either a rate increase or a reduction in service requirements, or both. The provider's threatened alternative will be to go out of business and cause a major disruption if its demand is not met. In an emergency ambulance system, this is an extremely powerful threat. This scenario has occurred in several U.S. cities that have attempted, through one means or another, to bid ambulance service. For example, this has happened recently in Kansas City, Fort Worth, and Arlington (Texas). It also has happened in Tulsa, although the circumstances are different. The same thing is likely to happen here.

(a) Kansas City. Kansas City has a single provider of ambulance services, established in 1982 by purchasing and combining several private ambulance companies. The government, through a trust, provides all equipment to the provider and handles all ambulance fee collections. The provider provides all operating personnel. Providers bid on the amount they must be

paid to operate the system. As of January 1988, rates were higher than in Multnomah County. The cost per dispatch was 50% higher than in Multnomah County. The trust received a \$200,000 a year subsidy in 1987. (Multnomah County provides no subsidy.)

Due to the pressures inherent in a bid system, the Kansas City provider reduced the number of ambulances, reduced the amount paid to paramedics, and increased the work load for paramedics. This resulted in poor response times, a lot of paramedic burnout, and loss of life. Furthermore, the situation was so bad that no one except the existing provider was willing to participate when the ambulance contract came up for a rebid.

Now, Kansas City has decided it needs further change. To improve its response times to those presently required in Multnomah County, it is going to increase the number of ambulances in the system. To reduce paramedic burnout, it is going to increase paramedic pay by 30% and reduce the paramedic work week. These changes, to make the Kansas City system more similar to the Multnomah County system, were expected to double the cost of ambulance service. At that point, on a per dispatch basis, the Kansas City system will be 3 times as costly as the Multnomah County system.

For comparative purposes, Fitch considered Kansas City to be the City most similar demographically to Multnomah County.

(b) Fort Worth. Beginning in 1986, Fort Worth has had a single provider of ambulance services, selected through bidding. According to the winning bid, ambulance rates were to rise over a

5-year period, ending in 1990 at a ceiling of \$300 for emergency transports and \$153 for non-emergencies. In addition, the government provided a subsidy which began at \$840,000 and was to decline over the next few years.

The first year in service, the winning provider lost \$1 million. The provider demanded a change in its contract, and Fort Worth acceded. Fort Worth had to increase the subsidy. Fort Worth had to allow a rate increase to \$299 for emergency transports, which was not supposed to be the rate until 1990. Fort Worth had to allow a rate increase to \$199 for non-emergency calls, which was 30% over the ceiling rate that was not supposed to be the rate until 1990. In addition, to further reduce costs, Fort Worth had to allow a reduction in the number of ambulances serving the system and as a result had to allow slower response times.

(c) Arlington. Beginning in 1986, Arlington has had a single provider of ambulance services, selected through bidding. The first year in service, the provider lost \$940,000. The provider demanded a change in its contract, and Fort Worth acceded. Arlington had to allow an increase in ambulance rates above the amount bid. Arlington also had to allow a reduction in the number of ambulances and as a result had to allow slower response times.

(d) Tulsa. Tulsa has a municipally operated single provider of ambulance service. Although not a bid system, it has the characteristics of such a system. Tulsa has had very poor

response times: an ALS average response time of 7 minutes and a BLS average response time of 10 minutes (compared to a 5 minute average in Multnomah County for ALS and BLS combined). This resulted, for example, in a 12% higher cardiac case mortality rate than with the Multnomah County response time. Tulsa recently decided to adopt the Multnomah County response time requirement. This will require additional ambulances and therefore will entail additional costs. Tulsa therefore is increasing its rate for emergency calls by 24%, for non-emergency calls by 64%, and for mileage by 33%. (As pointed out previously, in comparing Multnomah County system costs to Tulsa system costs, Fitch made absolutely no allowances for Multnomah County's much more stringent response time requirements.)

Thus the current Multnomah County emergency ambulance proposal not only has no justification, it actually will degrade the current emergency ambulance system.

Finally, although a purported desire to reduce emergency ambulance rates was the stated rationale for the proposed radical reorganization of the County's ambulance system, the EMS Office and others are taking actions that will increase further the cost of the system. Specifically, in assembling the bid documents for the reorganized system, EMS staff has added many new requirements that the ambulance providers must meet, well above and beyond what the already stringent EMS regulations require. According to AA Ambulance's calculations, these added requirements alone will

increase the cost of ambulance service in the County by 15 to 20 percent. This is hard to swallow, given that the fundamental premise for the proposed reorganization is that it will reduce rates.

(4) Conclusion. For all of these reasons, the current EMS proposals should be set aside. Serious attention should be given, for the first time, to the proposals of AA Ambulance.

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