

Health Department

EMERGENCY MEDICAL SERVICES

October 28, 2016

2016 AMBULANCE SERVICE PLAN SUMMARY

Multnomah County adopted its current Ambulance Service Plan (ASP) in 1994. The current ASP has resulted in an integrated system of Emergency Medical Services (EMS). This system uses the coordinated efforts of multiple agencies in order to provide rapid response, and high quality pre-hospital care and ambulance transport. The system has grown steadily in sophistication and quality. All this supports the primary mission of the EMS system – to provide for the efficient and effective provision of ambulance services to the people of Multnomah County.

The County has a number of goals in updating its ASP.

The updated plan seeks to build on the successes of the current system. So the Proposed Draft ASP retains the current system's key features

- a single ambulance service area (ASA),
- a single accountable ambulance provider,
- first response by fire agencies as a distinct added-value component,
- unified medical direction, and
- ambulance transport that is supported by user fees without explicit financial subsidies by local government.

The County also seeks to take advantage of the opportunities presented by our current environment.

- The update ASP intends to enhance the system's efforts around quality improvement. This means adopting new technologies, and adapting proven methods and standards of care for use in our community.
- The updated ASP changes mean taking advantage of the opportunity presented by health care reform to create closer relationships with other health care providers for the benefit of the community.
- This requires that our ASP anticipates change, and build in pathways for the system to develop and evolve over time.

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- Finally, changes mean keeping an eye on equity - making sure that the services of the EMS system are accessible and acceptable to all people in the County.

As discussed above, this 2016 updated ASP retains most of the fundamental features of the previous (1994) ASP. There are five areas of proposed change:

1. There shall be established a new Emergency Medical System Advisory Council to allow for expert review and recommendation of system improvements and innovations moving into the future.
2. The approach to 9-1-1 medical call triage and dispatch will be enhanced. This will be a multi-year effort that will begin when the updated ASP goes into effect. The County intends to implement a priority dispatch system that is able to differentiate various types and levels of medical need, and support dispatch of responders appropriate to the need. This approach requires a number of activities and resources - e.g., implementing new data systems, adopting a new system for classifying calls (“determinant codes”), and enhancing quality improvement activities.
3. The contracted provider of ambulance services will be allowed to contract with fire agencies to provide a limited amount of services that may enhance the overall system.
4. The scope of Medical Direction has been clarified. This primarily reflects the successful approach of the current system.

These changes in triage and dispatch set the stage for the two future system changes:

1. With successful implementation changes in triage and dispatch, there is a potential to change ambulance response times in the future - e.g., lengthening response times for non-critical medical calls.
2. Also, with changes in triage and dispatch, there is a potential to change ambulance staffing. This updated ASP includes a process for proposing and reviewing ambulance staffing in future years, should this be deemed necessary and/or desirable.

The following summarizes the key features of the 2016 ASP:

1. Multnomah County will comprise a single Ambulance Service Area.
2. First response to 9-1-1 medical calls will be provided by licensed EMS providers though fire departments and districts and potentially jurisdictions in the future.
3. Ground ambulance transport for 9-1-1 medical calls will be provided by a single contracted ambulance provider agency licensed by the Division and chosen by the County through a competitive proposal process as required by applicable laws, rules, and policies.
4. All other ambulance services (for example pre-arranged non-emergency transfers and inter-facility transfers) will be provided by ambulance services licensed by the Division using ambulances licensed and regulated by Multnomah County.

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5. Air ambulance services will be provided by Division-licensed helicopter and airplane provider agencies providing EMS care consistent with Multnomah County medical care standards.
6. Ambulances responding to 9-1-1 medical calls will be staffed by two Paramedics.
7. Dispatch for all 9-1-1 medical calls will be provided by the City of Portland, Bureau of Emergency Communications (BOEC) Dispatch will utilize a priority dispatch system that is able to differentiate various types and levels of medical need, and dispatch responders appropriate to the need.
8. Primary radio communications for 9-1-1 medical calls will be on an 800 MHz system. Fire and ambulance responders will use Mobile Data Terminals (MDT) to receive dispatch instructions and carry out other communications with the BOEC dispatch computer.
9. Medical direction and supervision will be provided by an EMS Medical Director employed by the Multnomah County.
10. Multnomah County Health Department's EMS Program Office will administer the County's Ambulance Service Plan and coordinate the County EMS system.
11. The EMS Program Office will develop and maintain a data base for use in monitoring the performance of providers and the overall EMS system. Data sources will include but not be limited to records from dispatch, pre-hospital patient care, and hospital disposition.
12. The EMS system will use a Continuous Quality Improvement process to evaluate the quality of patient care and ensure progressive improvement in care.
13. The costs of emergency ambulance transport, the EMS Medical Director, and the EMS Program Office will be financed by fees charged to people receiving care through the 9-1-1 medical response system. Some First Response costs (such as medical supplies and equipment), and other system improvements also may be financed through the above mentioned fees.