

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 18 - 22, 1988

Tuesday, July 19, 1988 - 1:30 PM - Informal Meeting . . Page 2

Thursday, July 21, 1988 - 9:30 AM - Formal. Page 3

*In
Computer
0413C*

-2-

Tuesday, July 19, 1988 - 1:30 PM

Multnomah County Courthouse, Room 602

INFORMAL

1. Informal Review of Bids and Requests for Proposals:
 - a) Burnside Bridge Sidewalk Rehabilitation
 - b) Typewriter & Calculator Repair Service
2. Informal Review of Formal Agenda of July 21
3. Briefing on Portland's plans for annexation during FY 1988-89 - Susan McPherson, Portland Urban Services Manager

Thursday, July 21, 1988, 9:30 AM

Multnomah County Courthouse, Room 602

Formal Agenda

1. Celebration of the County Fair which will open July 26

CONSENT CALENDAR

DEPARTMENT OF ENVIRONMENTAL SERVICES

- A
- C-1 Order accepting Deed from Edith L. Brooks on SE 138th Avenue for Public Road Purposes
 - C-2 Order accepting Deed from David S. and Teresa G. Sprando on Charlton Road for County Road Purposes

REGULAR AGENDA

BOARD OF COUNTY COMMISSIONERS

- R-3 In the matter of appointments to the Community Health Council of Katherine A. Ricker, Barry Egner, and Dr. Patsy Kullberg, terms expiring June 30, 1990
- R-4 In the matter of the re-appointment of Jane Spence and the appointment of Wanda Moman to the Portland/Multnomah Commission on Aging, terms expiring July, 1991
- R-5 In the matter of the appointment of Larry McCagg and reappointments of Dorothy Gage, William Hoffstetter, Joseph Mendez and Hosie Stadamire to the Community Corrections Advisory Committee, terms expiring June 30, 1990

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-6 In the matter of ratification of an Intergovernmental Agreement between the City of Portland, Metropolitan Service District, City of Lake Oswego, Multnomah County, and Clackamas County, authorizing the City of Portland to purchase the Jefferson Street Rail Line on behalf of the 5 governments, and commits the County to pay \$45,975 during FY 88-89 into a purchase and preservation fund which cannot be used for rail operation

ORDINANCES - DEPARTMENT OF ENVIRONMENTAL SERVICES

- A
- R-7 Second Reading - An Ordinance amending Multnomah County Code Chapter 9.10 (Building and Mechanical Code)
 - R-8 Second Reading - An Ordinance amending Multnomah County Code Chapter 9.20 (Electrical Code)
 - R-9 Second Reading - An Ordinance amending Multnomah County Code Chapter 9.30 (Plumbing Code)

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and reconvene as the Public Contract Review Board)

- R-10 Order in the Matter of Exempting from Public Bidding a Contract with Portland General Electric Company and General Telephone of the Northwest for the Conversion of Street Lighting on 257th

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

DEPARTMENT OF GENERAL SERVICES

- R-11 Order in the Matter of Designation of Newspaper for Publication of Notice of Foreclosure of Tax Liens as Shown on the Multnomah County 1987 Foreclosure List

ORDINANCES - DEPARTMENT OF GENERAL SERVICES

- R-12 Second Reading - An Ordinance relating to the Business Income Tax, and amending MCC 5.70

DEPARTMENT OF JUSTICE SERVICES

- R-13 In the matter of Ratification of an Intergovernmental Agreement with the City of Portland Police Bureau to provide photographic darkroom services for the Sheriff's Office for period July 1, 1988 to June 30, 1989

ORDINANCES - DEPARTMENT OF HUMAN SERVICES

- 2nd
107
- R-14 First Reading - An Ordinance relating to Food Service Inspection Fees, Swimming Pool License Fees, and Tourist and Travelers Facilities Inspection Fees, and amending MCC 5.10

NOTE: ITEMS R-15 AND R-16 WILL BE DISCUSSED TOGETHER

- Cert ✓*
10
- R-15 First Reading - An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039

DEPARTMENT OF HUMAN SERVICES

- Cert*
10
- R-16 Order in the matter of approving a Request for Credentials and Requests for Proposals for Emergency Ambulance Service

NOTE: No action will be taken on this item until July 28.

BOARD OF COUNTY COMMISSIONERS

- A*
- R-17 Joint Resolution of the Board of Commissioners of Multnomah County and Columbia County, in the Matter of Recommending State and Federal Funds to be Used to Complete the Sturgeon Lake Restoration Project
- R-18 Resolution in the Matter of AIDS Names Project Quilt
- Reduced to \$5,000 & A*
- R-19 Budget Modification Nondepartment #1 making an ^{\$5,000} appropriation transfer in the amount of ~~\$10,000~~ from General Fund Contingency to Juvenile Justice, County Supplements, for interim funding of Project Way (Outward Bound) in order that it can continue at the same service level as in the past while attempting to raise private funds
- A*
- R-20 In the matter of ratification of an intergovernmental agreement with the City of Portland wherein the County provides financial support (\$60,000) for the City's annexation effort for period through June 30, 1989

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

12
J161

July 21, 1988

In the Matter of the Celebration of the County)
Fair which will open July 26 1.)

Paul Yarborough, Environmental Services Director, reported the 82nd Multnomah County Fair theme will be "Let's Horse Around", and will open July 26th at the Expo Center. There will be some big name musical entertainers this year, and a new American Indian Cultural Exhibit. He introduced Sandy Glanz, Jan Johnson, and Julie Hughes who presented the Board with traditional Indian smoked salmon, and allowed them to pet baby rabbits. The latter can be seen at the Fair in the Children's Touch and Pet Exhibit. Mr. Yarborough then presented the Board and the Clerk with carryall bags and T-Shirts honoring the Fair.

Michael Dolan, County Public Relations Officer, and Sandy Glanz showed the banner which will be placed on Tri-Met busses during the week of the Fair.

Ms. Hughes reported Channel 11, Mt. Hood Community College Cable Program, will present live coverage during County Fair Week.

DATE SUBMITTED 7/14/88

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. 1

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Celebrate the 1988 Multnomah County Fair

Informal Only* _____
(Date)

Formal Only 7/21/88
(Date)

DEPARTMENT County Chair DIVISION _____

CONTACT Michael Dolan TELEPHONE 13308

*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD Sam Philip or Paul Yarbrough

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

A little bit of the County Fair in the County Courthouse. A celebration of the fair which will open July 26.

(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 15 minutes

IMPACT:

☐ PERSONNEL
☐ FISCAL/BUDGETARY
☐ General Fund
☐ Other _____

CLERK OF
COUNTY COMMISSIONERS
1988 JUL 14 AM 9:50
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Blady Mc Coy

BUDGET / PERSONNEL 1

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

OTHER _____
(Purchasing, Facilities Management, etc.)

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

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. C-1

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

TELEPHONE 3599

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

BRIEF SUMMARY

88-124

S.E. 138th AVENUE/ITEM NO. 88-208, LD 8-88

Deed of Dedication from Edith L. Brooks, 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
7/22

BOARD OF
COUNTY COMMISSIONERS
1988 JUL 12 PM 4:52
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.

3706V

RECEIVED

JUL 05 1988

COUNTY COUNSEL FOR
MULTNOMAH COUNTY, ORE.

7/21/88

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-124 ACCEPT DEED FOR PUBLIC RD - SE 138th Avenue
Item 88-208/LD8-88 from Edith L. Brooks

C-1

DEED TO BE RECORDED

July 27 - 1988

056666

056667

m Burns

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 28 AM 11:39

MULTNOMAH COUNTY
OREGON

7/21/88

RECEIVED FROM

JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-124 ACCEPT DEED FOR PUBLIC RD - SE 138th Avenue
Item 88-208/LD8-88 from Edith L. Brooks

C-1

DEED TO BE RECORDED



BOARD OF
COUNTY COMMISSIONERS

1988 JUL 26 AM 10:57

MULTNOMAH COUNTY
OREGON

7/21/88

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-124 ACCEPT DEED FOR PUBLIC RD - SE 138th Avenue
Item 88-208/LD8-88 from Edith L. Brooks

C-1

DEED TO BE RECORDED

MULTNOMAH COUNTY
OREGON
1988 AUG 16 AM 11:25
BOARD OF
COUNTY COMMISSIONERS

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. C-2

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Deed/Order for County Road Purposes

11/
JTB

Informal Only* _____
(Date)

Formal Only X _____
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Dick Howard *RWH*

TELEPHONE 3599

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

BRIEF SUMMARY

88-125

CHARLTON ROAD/COUNTY ROAD NO. 1310

Deed for Road Purposes from David S. and Teresa G. Sprando. Order Accepting Deed conveying property for County road purposes.

Director of DES recommends said deed be accepted and recorded in Multnomah County Deed Records, together with the EXHIBIT "A", which is attached to said deed.

ACTION REQUESTED:

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

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

/ PERSONNEL

/ FISCAL/BUDGETARY

/ General Fund

TO R/E/2
7/22/88

1988 JUL 12 PM 4:57
CLERK OF
COUNTY COMMISSIONER
MULTNOMAH COUNTY
OREGON

Other DEED/ORDER/EXHIBIT TO BE RECORDED IN MULTNOMAH COUNTY DEED RECORDS.

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.

July 21, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-125 ACCEPT DEED FROM DAVID S. & Teresa G. Sprand FOR PUB RD
CHARLTON ROAD #1310 Item 88-220

C-2

56668
56669

July 27-1988

DEED TO BE RECORDED

Gm Burns

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 28 AM 11:39

MULTNOMAH COUNTY
OREGON

July 21, 1988

RECEIVED FROM JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-125 ACCEPT DEED FROM DAVID S. & Teresa G. Sprand FOR PUB RD
CHARLTON ROAD #1310 Item 88-220

C-2

DEED TO BE RECORDED



PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 26 AM 10:57

MULTNOMAH COUNTY
OREGON

July 21, 1988

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

RECORDING

ENGINEERING

ZONING

ORDER #88-125 ACCEPT DEED FROM DAVID S. & Teresa G. Sprand FOR PUB RD
CHARLTON ROAD #1310 Item 88-220

C-2

DEED TO BE RECORDED
1988 AUG 16 AM 11:25
MULTNOMAH COUNTY
OREGON

BOARD OF
COUNTY COMMISSIONERS

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

July 21, 1988

11
J161

In the matter of appointments to the Community)
Health Council of Katherine A. Ricker, Dr. Barry)
Egener, and Dr. Patsy Kullberg, terms expiring)
June 30, 1990 R-3)

Commissioner McCoy recognized Katherine A. Ricker, who was the only committee person present; and thanked her for volunteering her services.

Commissioner Casterline noted that the title Dr. should be added to Barry Egener's name.

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

ORDERED that said appointments be confirmed.

12
5161

July 21, 1988

In the matter of the re-appointment of Jane Spence)
and the appointment of Wanda Moman to the Port-)
land/Multnomah Commission on Aging, terms expiring)
July, 1991 R-4)

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

ORDERED that said re-appointment and appointment be
confirmed.

12
JLW

July 21, 1988

In the matter of the appointment of Larry McCagg)
and reappointments of Dorothy Gage, William)
Hoffstetter, Joseph Mendez and Hosie Stadamire to)
the Community Corrections Advisory Committee,)
terms expiring June 30, 1990 R-5)

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

ORDERED that said appointment and reappointments be
confirmed.

DATE SUBMITTED 7/12/88

(For Clerk's Use)

Meeting Date 7/21/88
Agenda No. R-3/4/5

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Appointments to Boards and Commissions

Informal Only* _____
(Date)

Formal Only Thurs, July 21, 1988
(Date)

DEPARTMENT County Chair DIVISION _____

CONTACT Judy Boyer TELEPHONE 248-3308

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Judy Boyer

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

See attached listing.

(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
1988 JUL 14 AM 10:03
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys Mc Coy

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.

Appointment of Katherine A. Ricker to the Community Health Council;
term expires 6/30/90.

Appointment of Barry Egener to the Community Health Council; term
expires 6/30/90.

Appointment of Dr. Patsy Kullberg to the Community Health Council; term
expires 6/30/90.

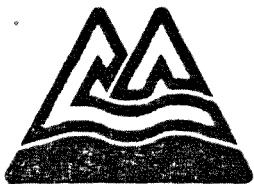
RE-Appointment of Jane Spence to the Portland/Multnomah Commission on Aging;
term expires 7/91.

Appointment of Wanda Moman to the Portland/Multnomah Commission on Aging;
term expires 7/91.

Appointment of Larry McCagg to the Community Corrections Advisory Committee;
term expires 6/30/90.

Re-appointment of Dorothy Gage, William Hoffstetter, Joseph Mendez and
Hosie Stadamire to the Community Corrections Advisory Committee; terms expire
6/30/90.

Formal



MULTNOMAH COUNTY OREGON

INTEREST FORM FOR BOARDS AND COMMISSIONS

In order for the County Executive to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writings, affiliations, etc.

652 2844

- A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list)

CAB

- B. Name Barry Egner

Address 255 River St

City St Helens State OR Zip 97051

Do you live in No unincorporated Multnomah County or No a city within Multnomah County.

Home Phone 397 3989

- C. Current Employer Good Samaritan Hospital

Address Lovesoy + 21st

City _____ State _____ Zip _____

Your Job Title Physician

Work Phone 286-2266 (Ext) _____

Is your place of employment located in Multnomah County? Yes X No

- D. Previous Employers _____ Dates _____ Job Title _____

Multnomah County 1982-1987 Physician

CONTACT:

DENNIS BUCHANAN, COUNTY EXECUTIVE
1500 PORTLAND BUILDING
PORTLAND, OREGON 97204
(503) 248-3308



BOARDS AND COMMISSIONS

In order for the County Executive to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writings, affiliations, etc.

- # Community Health Council

- Home Phone 234-3011

- Work Phone 223-4121 (Ext) 206-425-7400

Is your place of employment located in Multnomah County? Yes ☒ No ☐

- [illegible]

KAISER-PERMAWENTE, 7/84 - 8/87 Physician

UNIV CAL DAVIS 6/79-6/82 RESIDENT PHYSICIAN

AQUARIAN EFFORT MEDICAL CLINIC 1981-1982 Physician

SEATTLE PUBLIC HEALTH Hosp 1982-1983 Emergency PM Physician

(PLEASE SEE C.V. FOR OTHER EMPLOYERS)

CONTACT:

DENNIS BUCHANAN, COUNTY EXECUTIVE
1500 PORTLAND BUILDING
PORTLAND, OREGON 97204
(503) 248-3308

E. Please list all current and past volunteer/civic activities.

Name of Organization	Dates	Responsibilities
1982-19 SEATTLE Public Health Care Coalition OUTSIDE IN Clinic	1982-84 1984	ADVOCATE FOR INDIVIDUAL IN MEDICAL CARE Physician
SEA-MAR Community Health CTR	1982-83	Physician
WOMAN KIND HEALTH Clinic (SEATTLE ^{SACRAMENTO})	1981-82	Physician

F. Please list post-secondary school education.

Name of School	Dates	Degree/Course of Study
UNIV OF WASHINGTON	1968-70	UNDERGRAD
UNIV OF STUTTGART Germany	1970-71	FOREIGN EXCHANGE
UNIV OF OREGON	1971-74	BA GERMAN
ORE HEALTH SC UNIV	1975-79	M.D.
UNIV OF WASHINGTON	1982-84	MPH

G. Please list the name, address and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

PATILADO Director OUTSIDE IN 1236 S.W. SALMON PLVD 223-4121

KAREN STEINGART M.D. HEALTH OFFICER S.W. WASH DIST 2000 ~~ST~~ Vancouver Way
Vancouver, Wash 98663

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

NONE

I. Affirmative Action Information

F / WHITE
sex / racial ethnic background

birth date: Month 8 Day 11 Year 50

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature Peterson A Kelly Date 10/10/87



MULTNOMAH COUNTY OREGON

INTEREST FORM FOR BOARDS AND COMMISSIONS

In order for the County Executive to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writings, affiliations, etc.

A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list)

Mult. Co. Community Health Council

B. Name Katherine A. Ricker

Address 7458 N. Polk

City Portland State Oregon Zip 97203

Do you live in unincorporated Multnomah County or ☒ a city within Multnomah County.

Home Phone 286-4787

C. Current Employer Student - O.H.S.U. School of Nursing
JR. YR.

Address 3181 SW Sam Jackson PK Rd.

City Portland State Oregon Zip 97201

Your Job Title Student Nurse

Work Phone _____ (Ext) _____

Is your place of employment located in Multnomah County? Yes ☒ No ☐

D. Previous Employers

Dates

Job Title

*known
now as
O.H.S.U.*

Hillside Convalescence

5/77 - 9/77

Cook
Nurses Aide

Mult. Co. Hosp.

3/68 - 3/72

Nurses Aide

" " "

6/65 - 3/68

cashier/secretary
dietary aide

CONTACT:

DENNIS BUCHANAN, COUNTY EXECUTIVE

1500 PORTLAND BUILDING

PORTLAND, OREGON 97204

(503) 248-3308

E. Please list all current and past volunteer/civic activities.

Name of Organization	Dates	Responsibilities
Governors Advisory Committee to medical Underprivileged assistance	8/83 - 12/84	
H.O.S.T.S. > James John Elementary	1983 or 84	teach children math skills. Help reading.
Help one student to succeed		

F. Please list post-secondary school education.

Name of School	Dates	Degree/Course of Study
P.C.C.	3/83 - 3/85	Pre-Nursing
O.H.S.U.	9/85 - present	nursing Student Jr. year.

G. Please list the name, address and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

Diane Ruminski 8918 N. Woolsey 248-5304
Judy Fisher N. Central

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

None
Am a full time student but the board I'm interested in meets in the evening.

I. Affirmative Action Information which would not interfere with board.

F / Caucas. - children Amer. Indian
sex / racial ethnic background

birth date: Month 8 Day 11 Year 48

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature Katherine A. Ricker Date 3/14/88

✓ Gene 10/15/87
OCT 14 REC'D

A P P L I C A T I O N

for *Membership on the
PORTLAND/MULTNOMAH COMMISSION ON AGING (PMCoA)
for BOTH Commission and Committee Positions

1. Name Wanda Moman
Address 1418 S.E. 28th Ave. (Zip) 97214
Phone (Home) 232-5815 (Work) _____

2. Education: Please indicate highest level completed.

High School ☒ College (Undergraduate) _____
Other Special course in Engineering Drafting. College (Post-Graduate) _____

3. Employment Status:

Employed Full Time _____ Retired From Multnomah Co., 1976
Part Time _____ Not Employed _____

Profession: (Please specify) _____

4. Current or (past) place of employment:

Organization/Address	Dates	Responsibilities
<u>Multnomah Co.</u>		
<u>Dept. of Environmental Services</u>	<u>1961-1976</u>	<u>Engineering Draftsman</u>
<u>Free Lance Art/Drafting</u>	<u>1945-1961</u>	<u>Long on Photographic Topographical Mapping</u>
<u>Columbia Aircraft</u>	<u>1942-1945</u>	<u>Supervised Technical Illustration Department</u>

5. Current and past volunteer/civic activities:

Organization/Address	Dates	Responsibilities
<u>Volunteer driver, IMPACT</u>	<u>1987</u>	<u>Transport elderly + handicapped</u>
<u>4707 S.E. Hawthorne Blvd, 97215</u>		
<u>Crime Prevention Unit</u>	<u>1978-1980</u>	<u>My husband and I were</u>
<u>East Precinct</u>	<u>Approp.</u>	<u>Volunteer Coordinators</u>
<u>Portland Police Bureau</u>		

6. Why do you want to serve on the Commission/Committee?

Curiosity as to what is being done for whom, by whom and
how. Plus a desire to help if I can.

☒ Health ☐ Nursing Homes ☒ Community Services ☐ Medicare
☐ Media ☒ Transportation ☐ Social Security ☒ Employment
☒ Housing ☒ Nutrition ☐ Other (Please specify) _____

8. I am interested in serving as a: Commission member ☒ _____
 Committee member _____

9. What PMCoA Committee are you interested in serving on?

☐ Health ☐ Transportation ☐ Long-Term Care Ombudsman ☒ 11/18/87
☐ Nutrition ☐ Area Agency on Aging

10. Give two references:

Name	Address	Phone	Relationship
Mrs. or Mrs. Lee Kipling King	S.E. 322nd Ave, Boring, OR 97009	668-8460	Friends
Miss Constance Bordwell	810 N.W. Front, Portland, OR 97209	248-0332	Friend
McCormick Pier Apt., Apt. F-1			

THIS SECTION IS VOLUNTARY AND WILL REMAIN CONFIDENTIAL

Since our bylaws require representation from certain categories of individuals we request your assistance in supplying this information.

Are you over 60? ☒ Under 60? ☐ Are you low-income? Yes ☐ No ☒

Do you have a disability? Yes ☐ No ☒

Ethnic origin: ☐ Black ☐ Native American ☐ Hispanic
☐ Asian ☒ White ☐ Other

All Commission members must live in Portland or Multnomah County.

The following persons shall be ineligible for membership on the PMCoA: Board members, paid professionals, or individuals with ownership interest in agencies who contract with/or receive funds from the Area Agency on Aging (OAA, XIX, SSB6, OPI, etc.), County Dept. of Human Services, City Human Resources Bureau, State Dept. of Human Resources or Senior Services Division.

* Those ineligible for membership due to conflict of interest may serve on committees in a non-voting status.

Signature Wanda Moman Date 10/12/87

Return completed application to: Becky Wehrli, Portland/Multnomah Commission on Aging, 1120 S.W. 5th Avenue, 4th Fl., Portland, OR 97204-1978, PHONE 796-5269



INTEREST FORM FOR BOARDS AND COMMISSIONS

A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list)

B. Name Larry McCagg

Address 14505 Fremont Court, N.E.

City Portland, State Oregon Zip 97230-3617

Do you live in X unincorporated Multnomah County or ___ a city within Multnomah County.

Home Phone 254-3685

C. Current Employer Self-employed [Episcopal priest]

Address [Same as above]

City _____ State _____ Zip _____

Your Job Title Consultant, Author, Researcher, Analyst, & Priest

Work Phone [Same as above] (Ext)

Is your place of employment located in Multnomah County? Yes^X No

D. Previous Employers	Dates	Job Title
-----------------------	-------	-----------

I have been self-employed as an Episcopal priest for twenty years, most recently stationed at St. Aidan's, 176th & Glisan. Prior to that I was at St. Edward's in Silverton for six years.

DENNIS BUCHANAN, COUNTY EXECUTIVE
1500 PORTLAND BUILDING
PORTLAND, OREGON 97204
(503) 343-3208

E. Please list all current and past volunteer/civic activities.

Name of Organization	Dates	Responsibilities
Multnomah County Dep't of Justice Services Budget Advisory Committee	1986 - present	Budget review

F. Please list post-secondary school education.

Name of School	Dates	Degree/Course of Study
Yale University	1951 - 1955	BA, Psychology
Episcopal Theological Seminary [Kentucky]	'66-'69	M Div
Chemeketa Community College	1983	Computer Science [no degree]

G. Please list the name, address and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

Robert Ladehoff	P.O. Box 467, Lake Oswego, 97034	636-5613
Robert Gilley	111 S.W. 5th, Suite 3600 Portland, 97204	223-3600

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

[None to my knowledge]

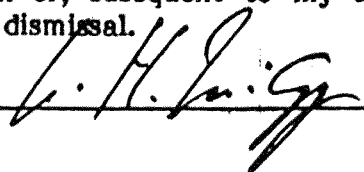
I. Affirmative Action Information

M / Anglo
~~sex / racial ethnic background~~

birth date: Month Jan. Day 23 Year 1934

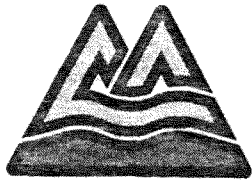
My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature



Date 12-31-87

lom
6/83



MULTNOMAH COUNTY OREGON

14
5161

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 21, 1988

Mr. Paul Yarborough, Director
Department of Environmental Services
2115 SE Morrison
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

In the matter of ratification of an Intergovern-)
mental Agreement between the City of Portland,)
Metropolitan Service District, City of Lake)
Oswego, Multnomah County, and Clackamas County,)
authorizing the City of Portland to purchase the)
Jefferson Street Rail Line on behalf of the 5)
governments, and commits the County to pay)
\$45,975 during FY 88-89 into a purchase and)
preservation fund which cannot be used for rail)
operation R-6)

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

ORDERED that said Intergovernmental Agreement be ratified.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Purchasing
Harriet Weber
Transportation

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 7/2/88

Agenda No. 9-6

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Jefferson Street Rail Line

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT D.E.S. DIVISION _____

CONTACT Susi Lahsene x3636 TELEPHONE _____

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Susi Lahsene

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

Intergovernmental agreement on Jefferson Street Rail Line. Major provisions affecting Multnomah County: (1) supersedes previous IGA's; (2) authorizes Portland to purchase Line on behalf of the 5 governments; (3) commits the County to pay \$45,975 during FY 88-9 into a purchase and preservation fund which cannot be used for rail operation; (4) recites that no government shall have further financial or other obligation connected with the project except as specified in the IGA. NOTE: The State has released the "stripper well monies" (IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE) which are the precondition to purchasing the Line.

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Paul H. Johnson

BUDGET / PERSONNEL Malinda J. Seely

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Phyllis DuBay

OTHER _____
(Purchasing, Facilities Management, etc.)

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

JUNE 14, 1988

INTERGOVERNMENTAL AGREEMENT FOR THE PURCHASE
OF THE
JEFFERSON STREET RAIL LINE

THIS AGREEMENT is entered into by and between the CITY OF PORTLAND, OREGON (Portland), the METROPOLITAN SERVICE DISTRICT (Metro), the CITY OF LAKE OSWEGO, OREGON (Oswego), MULTNOMAH COUNTY, OREGON (Multnomah), and CLACKAMAS COUNTY, OREGON (Clackamas). The parties shall collectively be referred to as the "governmental bodies".

RECITALS:

A. Portland and Oswego are municipal corporations of the State of Oregon organized and existing under the laws of the State of Oregon. Multnomah is a home rule political subdivision and Clackamas is a general law county of the State of Oregon organized and existing under the laws and constitution of the State of Oregon. Metro is a municipal corporation of the State of Oregon established under Chapter 268 of Oregon Revised Statutes.

B. This Agreement is entered into pursuant to Chapter 190 of Oregon Revised Statutes. Oswego enters into this Agreement pursuant to the authority granted by S4 of its City Charter as well as ORS Chapter 190; and Portland entered into this Agreement pursuant to the authority granted by S2-105 of its Charter, as well as ORS Chapter 190.

C. In December of 1986, the governmental bodies entered into an Intergovernmental Agreement to Option and Lease the Jefferson Street Rail Line. That intergovernmental agreement was amended in June of 1986 to include the Tri-County Metropolitan Transportation District (Tri-Met).

D. In August of 1987, the governmental bodies and Tri-Met entered into an Intergovernmental Operations Agreement.

E. The terms and conditions of both the aforesaid intergovernmental agreements have been complied with in all material respects, and the purposes of those intergovernmental agreements have been fulfilled.

F. Each governmental body has passed a resolution committing to budget funds for the purchase of the Jefferson Street Rail Line from the Southern Pacific Transportation Company.

G. The governmental bodies desire to purchase the Jefferson Street Rail Line in order to preserve it for public rail mass transit use.

TERMS:

1. The Intergovernmental Agreement to Option and Lease the Jefferson Street Rail Line, as amended, and the Intergovernmental Operations Agreement are hereby terminated and superseded by this Intergovernmental Purchase Agreement.

2. The governmental bodies shall contribute financially to the purchase of the Jefferson Street Rail Line in the following ratios and amounts:

Portland	52%	\$217,334
Oswego	21%	87,770
Clackamas	11%	45,975
Multnomah	11%	45,975
Metro	5%	20,898

The total contributions of all governmental bodies shall be called the "purchase fund."

3. Oswego shall deliver to the City Treasurer of Portland a check in the amount of its proportional share prior to July 1, 1988. Multnomah, Clackamas and Metro shall deliver to the City Treasurer of Portland checks in the amounts of their proportional shares prior to August 1, 1988. If mutually agreed by Portland and a governmental body, the date of payment for that governmental body may be extended to a later date which is mutually convenient. The purchase fund may be used by Portland to pay expenses of the purchase, preservation costs, previously unpaid legal fees and consultant costs, and payment to Oswego for construction of the Lake Oswego Rail Extension. The purchase fund shall not be used for future rail operations on the line.

In the event that the Jefferson Street Rail Line is not purchased, the purchase fund shall be used to pay previously unpaid legal fees and consultant costs, and the balance of the funds shall be reimbursed to the governmental bodies in the ratios of their contributions to the purchase fund.

4. Portland is authorized to execute a purchase agreement with the Southern Pacific Transportation Company for the purchase of the Jefferson Street Rail Line upon final unconditional release of the stripper-well funds to Portland. As a part of the purchase agreement, Portland shall secure by a sufficient property interest the right to locate, construct and maintain the Lake Oswego extension and station platform and structure referred to in Paragraph 6 of the Option to Purchase, dated January 30, 1987, as that right was clarified in the letter, dated December 31, 1987, which exercised the option to purchase.

5. Portland shall hold title, in its capacity as a representative of the governmental bodies, to the Jefferson Street Rail Line, including the Lake Oswego extension, in order to preserve it for public rail mass transit use. Portland agrees not to use title to the right-of-way to extend the boundaries of

Portland or to affect in any way the legal status of any proposed annexations. The other governmental bodies shall have no legal interest in the Jefferson Street Rail Line except for the rights specifically provided for in this Agreement.

6. If at any time Portland determines that the costs of holding title to the right-of-way are too high for Portland to continue to bear, Portland may request financial assistance from the participating governments for maintenance and preservation of the right-of-way, including actions aimed at reducing liability to the City. If the other governmental bodies decline to provide adequate financial assistance, Portland may sell, dispose of or change the use in the Jefferson Street Rail Line right-of-way after 270 days written notice to the other governmental bodies, such notice to allow the governmental bodies to adequately integrate into their budget cycle the fiscal impact of the right-of-way transfer.

Upon receipt of such notice, one or more of the governmental bodies may offer in writing to take title to the Jefferson Street Rail Line. If one or more of the governmental bodies requests title after the aforesaid notice, Portland shall promptly transfer title for \$1.00 to such governmental body or bodies, provided that Portland shall thereby be released from any further liability or responsibility with respect to the line, and provided that such governmental body or bodies grant Portland and any other governmental bodies not taking title to the right-of-way the same right of first refusal as is contained in this Section 6. Portland and the governmental body or bodies accepting the title will share in any closing costs for the title transfer.

If no governmental body has requested title to the right-of-way within 270 days after the date of the written notice of Portland's intent to divest itself of title or change use Portland shall offer title to the Jefferson Street Rail

Line on the same terms as offered to the governmental bodies to Tri-Met and the Oregon Department of Transportation. Such notice may be given prior to the refusal to take title by the parties to this agreement if conditioned as a right of second refusal. If neither Tri-Met nor ODOT accepts the offer Portland may sell, dispose of or change the use of the right-of-way in Portland's sole discretion. Any net income realized from the disposition of the property shall be apportioned among the governmental bodies in a manner proportionate to their contributions under this Purchase Agreement.

7. Portland shall allow the governmental bodies access to the right-of-way in accordance with Chapter 17.24, Permits, of the City Code of Portland. No permit fees shall be charged to the requesting governmental body. Likewise, no governmental body shall charge Portland permit fees for any use of or activity within the right-of-way.

Oswego shall have access to the entire right-of-way for interim trolley operation purposes, and Portland and the other governmental bodies shall not unreasonably withhold permits or other approvals necessary to allow such operations. Oswego's right of access shall be conditioned on the following:

a. Any interim trolley operation will be secondary to the potential development of rail mass transit uses in the right-of-way. If interim trolley operation is not compatible with rail mass transit uses, that portion of the right-of-way developed for rail mass transit shall not be accessible for interim trolley operation.

b. Oswego shall indemnify and defend Portland and shall provide adequate insurance or self-insurance which names Portland as insured.

c. Oswego shall provide any capital improvements and routine maintenance necessary to preserve the safety of the traveling public and adjacent property owners and occupants, and/or to meet the requirements of the

Oregon Public Utility Commission and/or to meet the requirements of any other regulatory agency with jurisdiction over the line.

d. Oswego shall provide a mechanism for addressing the concerns of adjacent property owners and occupants.

e. Oswego shall certify to Portland that interim trolley operations conducted by Oswego conform with the laws and regulations governing rail passenger service and shall accept legal responsibility for compliance with all such laws and regulations.

f. Oswego shall pay all taxes and assessments assessed as a result of Oswego's operation of interim trolley service. Oswego shall indemnify Portland for all assessments to Portland resulting from Oswego's operation.

g. Operation by Oswego shall commence only after reaching agreement with Portland on these issues, such agreement not to be withheld unreasonably.

The purpose of these and any other requirements that Portland may impose upon Oswego is to insure that Oswego's operation of interim trolley service on the line does not generate cost expenditures or liabilities not expressly agreed to by Portland.

Portland shall also allow Oswego access for the construction of the Lake Oswego Extension, the platform and the station structure on the extension.

8. Portland shall pay Oswego \$200,000 in local funds within 30 days after receipt of all contributions to the purchase fund described in Section 2 above, or within 30 days after unconditional release of stripper-well monies to Portland, whichever date occurs last. Oswego shall use that money, and interest accrued on that money, for expenses related to the Lake Oswego Extension, platform and station structure.

Upon Oswego's satisfying State of Oregon stripper-well grant conditions for release of stripper-well monies, Portland shall assist Oswego in receiving up to a maximum of \$200,000 in stripper-well monies. All decisions relating to construction of the Lake Oswego Extension including the decision to not construct shall be made by Oswego. Portland shall not unreasonably withhold necessary approvals or fail to execute any necessary agreements in its capacity as title holder to cooperate with Oswego in its efforts to improve the extension. Oswego shall be responsible for insuring that the State re-budgets or re-allocates the stripper-well monies for the Lake Oswego Extension should a construction contract not be awarded in the State's current or any subsequent budget year, and Portland will assist Oswego in this effort.

If Oswego has not awarded a construction contract for the Lake Oswego rail extension within 10 years after the date of unconditional release of the stripper-well monies to Portland, Oswego shall return the \$200,000 from local funds, plus interest accrued during the holding period, to the governmental bodies in the ratios designated in Section 1 of this agreement.

9. This agreement sets forth the entire obligation of the governmental bodies to each other in connection with the Jefferson Street Rail Line project herein described. No governmental body shall have further obligation for any future act connected with the project, including financial support, except as set forth in this agreement.

CITY OF PORTLAND, OREGON

By _____
Commissioner of
Public Works

By _____
City Auditor

CITY OF LAKE OSWEGO, OREGON

By _____
William E. Young, Mayor

By _____

**MULTNOMAH COUNTY, OREGON
BOARD OF COUNTY COMMISSIONERS**

By Gladys McCoy
County Chair

CLACKAMAS COUNTY, OREGON

By _____
Chairman
Board of Commissioners

By _____
Commissioner

METROPOLITAN SERVICE DISTRICT

By _____
Executive Officer

APPROVED AS TO FORM

By _____

APPROVED AS TO FORM

By _____
City Attorney

APPROVED AS TO FORM

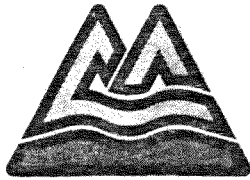
By John DuBois
County Counsel

APPROVED AS TO FORM

By _____
County Counsel

APPROVED AS TO FORM

By _____
Attorney for Metro



MULTNOMAH COUNTY OREGON

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

14
5/16/1

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 21, 1988

Mr. Paul Yarborough, Director
Department of Environmental Services
2115 SE Morrison
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

Second Reading - An Ordinance amending Multnomah)
County Code Chapter 9.10 (Building and Mechanic-)
cal Code R-7)
ORDINANCE
NO. 583

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

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

ORDERED that said Ordinance be adopted.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

Jane McGarvin
Jane McGarvin
Clerk of the Board

jm

cc: County Counsel
City Permits

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 7/14/88

Agenda No. R-1

REQUEST FOR PLACEMENT ON THE AGENDA

7/21/88 - R-7

Subject: BUILDING/MECHANICAL CODE FEES

Informal Only* _____
(Date)

Formal Only 7/14/88
(Date)

DEPARTMENT ENVIRONMENTAL SERVICES DIVISION _____

CONTACT PAUL YARBOROUGH TELEPHONE 248-3632

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD BILL WHITFIELD

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

Provides adjustment of Building & Mechanical Code fees consistent with the City of Portland fees and those being proposed for adoption by the Cities of Gresham and Troutdale. Provides for permit fee uniformity in the metro area. Facilitates administration of the City-County intergovernmental agreements pertaining to permit programs.

(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 5 minutes

IMPACT:

PERSONNEL NONE

☐ FISCAL/BUDGETARY NONE

☐ General Fund NONE

Other _____

Ord 583
To Print Shop
7/22/88

BOARD OF
COUNTY COMMISSIONERS
1988 JUL - 1 PM 4:10
MULTI-COUNTY
OREGON

SIGNATURES:

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

BUDGET / PERSONNEL David C. Tharr

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

OTHER _____
(Purchasing, Facilities Management, etc.)

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

ORDINANCE FACT SHEET

Title BUILDING & MECHANICAL CODE FEES Effective Date _____

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored).

Provides adjustment of Building & Mechanical Code fees consistant with the City of Portland fees and those being proposed for adoption by the Cities of Gresham and Troutdale. Provides for permit fee uniformity in the metro area. Facilitates administration of the City-County intergovernmental agreements pertaining to permit programs.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

Washington County, City of Portland.

What has been the experience in other areas with this type of legislation?

Provides the resources necessary to effectively administer the building and mechanical code programs.

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

ORS 455.150

Fiscal Impact Analysis

NONE

(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel John T. Bay

Office of County Management David C. Warren

Department Head Don Young

Liaison Commissioner _____

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF MULTNOMAH COUNTY, OREGON
ORDINANCE NO. 583

An Ordinance amending Multnomah County Code Chapter 9.10.

Multnomah County ordains as follows:

Section 1. Findings

The Board of County Commissioners finds that citizens, businesses and commerce in general, will benefit from uniform mechanical permit fees within the metro area.

The Board of County Commissioners also finds that fee adjustments are necessary and convenient for efficient administration of mechanical codes under the City/County intergovernmental agreements relating to permit functions.

Section 2. Amendment

M.C.C. 9.10.030 is amended as follows:

9.10.030 Adoption of State Building Code by reference. Those portions of the State Building Code, [as defined in subsection (8) of ORS 456.750, and subsection (1) of ORS 456.787,] constituting the structural specialty code, fire and life safety code, mechanical specialty code, and the one and two family dwelling specialty code, are hereby adopted and by this reference incorporated as part of this chapter as though fully set forth. The administrative provisions of this Chapter shall take precedence over the similar provisions of the state specialty codes.

MCC 9.10.100 is amended as follows:

9.10.100 Fees. The following fee schedule shall apply under this chapter in addition to those provided in the State Building Code: Where conflicts occur with fees provided in the State Building Code, the fees in this chapter shall prevail.

(A) Building permit fees shall be charged based on the total valuation of work to be performed.

<u>Total valuation of Work to be Performed</u>	<u>Fees</u>
<u>\$1.00 to \$500</u>	<u>\$11.85</u>
<u>\$501 to \$2,000</u>	<u>\$11.85 for the first \$500, plus \$1.80 for each additional \$100 or fraction thereof, to and including \$2,000</u>
<u>\$2,001 to \$25,000</u>	<u>\$38.85 for the first \$2,000, plus \$7.10 for each additional \$1,000 or fraction thereof, to and including \$25,000</u>
<u>\$25,001 to \$50,000</u>	<u>\$202.15 for the first \$25,000, plus \$5.35 for each additional \$1,000 or fraction thereof, to and including \$50,000</u>
<u>\$50,001 to \$100,000</u>	<u>\$335.90 for the first \$50,000, plus \$3.55 for each additional \$1,000 or fraction thereof, to and including \$100,000</u>
<u>\$100,001 and up</u>	<u>\$513.40 for the first \$100,000, plus \$2.95 for each additional \$1,000 or fraction thereof.</u>

[(A)] (B) Exempt area fire and life safety plan review and inspection - 40 percent of the required building permit fee.

[(B)] (C) Pre-move and pre-sale residential inspection fee	\$40.00
[(C)] (D) Demolition of structure	\$40.00
[(D)] (E) Temporary permit or temporary certificate of occupancy	[\$40.00] <u>\$50.00</u>
[(E)] (F) Hearing fee - board of appeals	[\$50.00]
(1) <u>One- and two-family dwellings</u>	<u>\$50.00</u>
(2) <u>All other buildings</u>	<u>\$75.00</u>
[(F)] (G) Certificate of occupancy (new permit not required)	[\$40.00] <u>\$50.00</u>

[(G)] (H) Automatic sprinkler system

- (1) Minimum charge \$40.00
- (2) Per sprinkler head for first 100 .50
- (3) Per sprinkler head in excess of first 100 .30
- (4) Permit fee surcharge 5 percent

[(H)] (I) Heating and ventilating fees under the Uniform Mechanical Code. The minimum permit fee under this subsection shall be \$20.00.

(3) Commercial Permit Fees

Any equipment or system regulated by this code and not classified residential under Paragraph 1 or 2 of this section shall be assessed permit fee(s) in accordance with the following:

Valuation of Work	Permit fee
\$1 to \$1,000	\$20
\$1,001 to \$10,000	\$20 plus [\$1] \$1.25 for each additional \$100 over \$1,000
\$10,001 to \$100,000	[\$110] \$142.50 plus [\$7] \$7.50 for each additional \$1,000 over \$10,000
\$100,001 and up	[\$740] \$817.50 plus [\$5] \$5.25 for each additional \$1,000 over \$100,000

Section 3. Adoption

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 21st day of July, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS

(SEAL)
July 21, 1988

By

Gladys McCoy
Gladys McCoy, Chair

APPROVED AS TO FORM;

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By

John Dubay

Assistant County Counsel

BEFORE THE BOARD OF COMMISSIONERS
FOR THE COUNTY OF MULTNOMAH
ORDINANCE NO. _____

An Ordinance amending Multnomah County Code Chapter 9.10.

Multnomah County ordains as follows:

Section 1. Findings

The Board of County Commissioners finds that citizens, businesses and commerce in general, will benefit from uniform mechanical permit fees within the metro area.

The Board of County Commissioners also finds that fee adjustments are necessary and convenient for efficient administration of mechanical codes under the City/County intergovernmental agreements relating to permit functions.

Section 2. Amendment

M.C.C. 9.10.030 is amended as follows:

9.10.030 Adoption of State Building Code by reference. Those portions of the State Building Code, [as defined in subsection (8) of ORS 456.750, and subsection (1) of ORS 456.787,] constituting the structural specialty code, fire and life safety code, mechanical specialty code, and the one- and two-family dwelling specialty code, are hereby adopted and by this reference incorporated as part of this chapter as though fully set forth. The administrative provisions of this Chapter shall take precedence over the similar provisions of the state specialty codes.

M.C.C. 9.10.100 is amended as follows:

9.10.100 Fees. The following fee schedule shall apply under this chapter in addition to those provided in the State Building Code: Where conflicts occur with fees provided in the State Building Code, the fees in this chapter shall prevail.

A. Building permit fees shall be charged based on the total valuation of work to be performed.

Total Valuation of Work
To Be Performed

Fees

\$1.00 to \$500

\$11.85

\$501 to \$2,000

\$11.85 for the first \$500,
plus \$1.80 for each additional
\$100 or fraction thereof, to and
including \$2,000.

\$2,001 to \$25,000

\$38.85 for the first \$2,000, plus
\$7.10 for each additional \$1,000
or fraction thereof, to and
including \$25,000.

\$25,001 to \$50,000

\$202.15 for the first \$25,000,
plus \$5.35 for each additional
\$1,000, or fraction thereof, to
and including \$50,000.

\$50,001 to \$100,000

\$335.90 for the first \$50,000,
plus \$3.55 for each additional
\$1,000 or fraction thereof, to
and including \$100,000.

\$100,000 and Up

\$513.40 for the first \$100,000,
plus \$2.95 for each additional
\$1,000 or fraction thereof.

☐ (A) (B) Exempt area fire and life safety plan review and inspection - 40 percent of the required building permit fee.

☐ (B) (C) Pre-move and pre-sale residential inspection fee. \$40.00

☐ (C) (D) Demolition of structure \$40.00

☐ (D) (E) Temporary permit or temporary certificate of occupancy ☐ \$40.00 \$50.00

☐ (E) (F) Hearing fee - board of appeals ☐ \$50.00
(1) One- and two-family dwellings \$50.00
(2) All other buildings \$75.00

☐ (F) (G) Certificate of occupancy (new permit not required) ☐ \$40.00 \$50.00

☐ (G) (H) Automatic sprinkler system:

(1) Minimum charge \$40.00

(2) Per sprinkler head for first 100 \$.50

(3) Per sprinkler head in excess of first 100 \$.30

(4) Permit fee surcharge 5 percent

(I) ~~[(H)]~~ Heating and ventilating fees under the Uniform Mechanical Code. The minimum permit fee under this subsection shall be \$20.00.

(3) Commercial Permit Fees

Any equipment or system regulated by this code and not classified residential under Paragraph 1 or 2 shall be assessed permit fee(s) in accordance with the following:

Valuation of Work	Permit Fee
\$1 to \$1,000	\$20
\$1,001 to \$10,000	\$20 plus [\$1] \$1.25 for each additional \$100 over \$1,000
\$10,001 to \$100,00	[\$110] \$142.50 plus [\$7] \$7.50 for each additional \$1,000 over \$10,000
\$100,001 and up	[\$740] \$817.50 plus [\$5] \$5.25 for each additional \$1,000 over \$100,000.

Section 3. Adoption

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this _____ day of _____, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

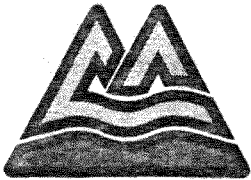
BOARD OF COUNTY COMMISSIONERS

By _____
Gladys McCoy, Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By _____
John Dubay
Assistant County Counsel



MULTNOMAH COUNTY OREGON

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

14-15
5/16/1

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 21, 1988

Mr. Paul Yarborough, Director
Department of Environmental Services
2115 SE Morrison
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

Second Reading - An Ordinance amending Multnomah)
County Code Chapter 9.20 (Electrical Code) R-8) ORDINANCE
NO. 584

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

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

ORDERED that said Ordinance be adopted.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: County Counsel
City Permits

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 7/14/88Agenda No. R-2REQUEST FOR PLACEMENT ON THE AGENDA 7/21/88 - R-8Subject: ELECTRICAL CODE FEESInformal Only* _____
(Date)Formal Only 7/14/88
(Date)DEPARTMENT ENVIRONMENTAL SERVICES DIVISION _____CONTACT PAUL YARBOROUGH TELEPHONE 248-3632*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD BILL WHITFIELD**BRIEF SUMMARY** Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Provides adjustment of Electrical Code fees consistant with the City of Portland fees and those proposed by the Cities of Gresham and Troutdale. Provides for permit fee uniformity in the metro area. Facilitates administration of the City-County intergovernmental agreements pertaining to permit programs.

(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 5 minutes

IMPACT:

PERSONNEL NONE☐ FISCAL/BUDGETARY NONE☐ General Fund NONE

Other _____

To Print Shop
7/22/88

Ord 584

BOARD OF
COUNTY COMMISSIONERS
1988 JUL -1 PM 4:11
MULTI-JURISDICTIONAL COUNTY
OREGON

SIGNATURES:

w DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: _____

BUDGET / PERSONNEL David C. HarrisCOUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) John D. B.OTHER _____
(Purchasing, Facilities Management, etc.)

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

ORDINANCE FACT SHEET

Title ELECTRICAL CODE FEES Effective Date _____

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored).

Provides adjustment of Electrical Code fees consistant with the City of Portland fees and those proposed for adoption by the Cities of Gresham and Troutdale. Provides for permit fee uniformity in the metro area. Facilitates administration of the City-County intergovernmental agreements pertaining to permit programs.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

City of Portland, Washington County, Clackamas County.

What has been the experience in other areas with this type of legislation?

Provides the resources necessary to effectively administer the electrical code program.

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

ORS 455.150 and 479.855

Fiscal Impact Analysis

NONE

(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel John J. DuBey

Office of County Management David C. Sharr

Department Head Paul G. Gaudin

Liaison Commissioner _____

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF MULTNOMAH COUNTY, OREGON

ORDINANCE NO. 584

An Ordinance amending Multnomah County Code Chapter 9.20.

Multnomah County ordains as follows:

Section 1. Findings

The Board of County Commissioners finds that citizens, businesses and commerce in general, will benefit from uniform electrical permit fees within the metro area.

The Board of County Commissioners also finds that fee adjustments are necessary and convenient for efficient administration of electrical codes under the City/County intergovernmental agreements relating to permit functions.

Section 2. Amendment

M.C.C. 9.20.030 is amended as follows:

9.20.030 Adoption of the State of Oregon Electrical Specialty Safety Code by reference. Those portions of the "Oregon State Building Code", as defined in ORS 456.750] constituting the Electrical Specialty Code as authorized by ORS 479.730 and adopted by the Director of the Department of Commerce, pursuant to ORS 183.310 to 183.550, is hereby adopted and by this reference incorporated as part of this Chapter as though fully set forth. The administrative provisions of this Chapter shall take precedence over any similar provisions of the Electrical Specialty Safety Code.

M.C.C. 9.20.070 is amended as follows:

9.20.070 FEES

(A) Plan Review

(1) A plan checking fee shall be paid at the time of permit application for the following aggregate service; or maximum size of individual feeder capacity when an electrical service is not changed at six hundred volts or less.

201-400 amperes	[\$45.00]	<u>\$49.00</u>
401-600	[\$65.00]	<u>\$70.00</u>
601-800	[\$80.00]	<u>\$87.00</u>
801-1200	[\$95.00]	<u>\$103.00</u>
1201-3000	[\$165.00]	<u>\$179.00</u>

(2) Over 3000 amperes shall be [\$165.00] \$179.00 plus
 [\$80.00] \$87.00 for each 1000 amperes or fraction thereof over 3000.

(3) For systems over six hundred volts, the plan check fee shall be \$150.00 plus \$.30 per KVA of transformer capacity.

(4) For any required plan review not covered above, the fee shall be \$30.00 per hour. The minimum charge shall be \$20.00.

(5) In no event shall the plan checking fee be higher than the permit fee.

(B) Permits

(1) Residential Wiring (exclusive of service)

Residence wiring less than 1000 square feet	[\$40.00]	<u>\$43.00</u>
Residence wiring less than 2000 square feet	[\$60.00]	<u>\$65.00</u>
Residence wiring over 2000 square feet	[\$80.00]	<u>\$87.00</u>
Electric heat installation in existing residence	[\$30.00]	<u>\$32.00</u>

(2) Service Installations

Temporary Construction Service up to 200 amperes	[\$30.00]	<u>\$32.00</u>
Temporary Construction Service 201 - 600 amperes	[\$50.00]	<u>\$54.00</u>
Temporary Construction Service 601 - 3000 amperes	[\$80.00]	<u>\$87.00</u>
(Temporary Construction Services do not require plan submittal)		
Service not over 100 amperes	[\$40.00]	<u>\$43.00</u>
Service over 100 amperes, but not more than 200 amperes	[\$60.00]	<u>\$65.00</u>
Service over 200 amperes, but not more than 400 amperes	[\$80.00]	<u>\$87.00</u>

Service over 400 amperes, but not more than 600 amperes	[\$120.00]	<u>\$130.00</u>
Service over 600 amperes, but not more than 800 amperes	[\$140.00]	<u>\$152.00</u>
Service over 800 amperes, but not more than 1200 amperes	[\$180.00]	<u>\$195.00</u>
Service over 1200 amperes, but not more than 3000 amperes	[\$220.00]	<u>\$239.00</u>
Service over 3000 amperes plus [\$40.00] <u>\$43.00</u> for each 1000 amperes or fraction thereof over 3000 amperes	[\$220.00]	<u>\$239.00</u>
Service over 600 volts	[\$300.00]	<u>\$325.00</u>

(3) Commercial and Industrial Feeders

Installation of Alteration or Relocation of
Distribution Feeders:

Not more than 100 amperes	[\$30.00]	<u>\$32.00</u>
Over 100 amperes, but not more than 200 amperes	[\$40.00]	<u>\$43.00</u>
Over 200 amperes, but not more than 400 amperes	[\$60.00]	<u>\$65.00</u>
Over 400 amperes, but not more than 600 amperes	[\$75.00]	<u>\$81.00</u>
Over 600 amperes, but not more than 800 amperes	[\$90.00]	<u>\$98.00</u>
Over 800 amperes, but not more than 1200 amperes	[\$120.00]	<u>\$130.00</u>
Over 1200 amperes, but not more than 3000 amperes	[\$150.00]	<u>\$163.00</u>
Feeder over 3000 amperes plus [\$30.00] <u>\$32.00</u> for each 1000 amperes in excess of 3000 amperes	[\$150.00]	<u>\$163.00</u>
Feeder over 600 volts	[\$100.00]	<u>\$150.00</u>

For more than 10 feeders each feeder
shall be charged 50% of the above
rate.

(4) Miscellaneous (exclusive of service)

Each farm building other than residence	[\$30.00]	<u>\$32.00</u>
Each irrigation pump	[\$30.00]	<u>\$32.00</u>
Each electrical sign or outline lighting	[\$30.00]	<u>\$32.00</u>
Each residential swimming pool (including bonding)	[\$50.00]	<u>\$54.00</u>
Each low energy system	[\$30.00]	<u>\$32.00</u>
Each alarm system	[\$30.00]	<u>\$32.00</u>

Section 3. Adoption

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 21st day of July, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS

(SEAL)

By

Gladys McCoy
Gladys McCoy, Chair

APPROVED AS TO FORM;

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By

John Dubay

Assistant County Counsel

BEFORE THE BOARD OF COMMISSIONERS
FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. ____

An Ordinance amending Multnomah County Code Chapter 9.20.

Multnomah County ordains as follows:

Section 1. Findings

The Board of County Commissioners finds that citizens, business and commerce in general, will benefit from uniform electrical permit fees within the metro area.

The Board of County Commissioners also finds that fee adjustments are necessary and convenient for efficient administration of electrical codes under the City/County intergovernmental agreements relating to permit functions.

Section 2. Amendment

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M.C.C. 9.20.070 is amended as follows:

9.20.070 FEES

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(2) Over 3000 amperes shall be ~~[\$165.00]~~ \$179.00 plus ~~[\$80.00]~~ \$87.00 for each 1000 amperes or fraction thereof over 3000.

(3) For systems over six hundred volts, the plan check fee shall be \$150.00 plus \$.30 per KVA of transformer capacity.

(4) For any required plan review not covered above, the fee shall be \$30.00 per hour. The minimum charge shall be \$20.00.

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(B) Permits

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Service over 3000 amperes plus [\$40.00] <u>\$43.00</u> for each 1000 amperes or fraction thereof over 3000 amperes	[\$220.00]	<u>\$239.00</u>
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Over 600 amperes, but not more than 800 amperes	[\$90.00]	<u>\$98.00</u>
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Feeder over 600 volts	\$100.00	<u>\$150.00</u>
For more than 10 feeders each feeder shall be charged 50% of the above rate		

(4) Miscellaneous (exclusive of service)

Each farm building other than residence	[\$30.00]	<u>\$32.00</u>
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Each low energy system	[\$30.00]	<u>\$32.00</u>
Each alarm system	[\$30.00]	<u>\$32.00</u>

Section 3. Adoption

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this ____ day of _____, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS

By

Gladys McCoy, Chair

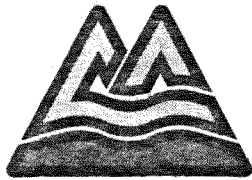
APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By



John Dubey
Assistant County Counsel



15
5141

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 21, 1988

Mr. Paul Yarborough, Director
Department of Environmental Services
2115 SE Morrison
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

Second Reading - An Ordinance amending Multnomah)	ORDINANCE
County Code Chapter 9.30 (Plumbing Code) R-9)	NO. 585

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

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

ORDERED that said Ordinance be adopted.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: County Counsel
City Permits

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 7/14/88
Agenda No. R-3

REQUEST FOR PLACEMENT ON THE AGENDA 7/21/88 R-9

Subject: PLUMBING CODE FEES

Informal Only* _____
(Date)

Formal Only 7/14/88
(Date)

DEPARTMENT ENVIRONMENTAL SERVICES DIVISION _____

CONTACT PAUL YARBOROUGH TELEPHONE 248-3632

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD BILL WHITFIELD

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

Provides adjustment of Plumbing Code fees consistent with the City of Portland fees and those being proposed for adoption by the Cities of Gresham and Troutdale. Provides for permit fee uniformity in the metro area. Facilitates administration of the City-County intergovernmental agreements pertaining to permit programs.

(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 5 minutes

IMPACT:

PERSONNEL NONE

☐ FISCAL/BUDGETARY NONE

☐ General Fund NONE

Other _____

*To Print Shop
7/22/88*

Order 585

CLERK OF
COUNTY COMMISSIONERS
1988 JUL - 1 PM 4:10
MULTI-NOVATION COUNTY
OREGON

SIGNATURES:

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

BUDGET / PERSONNEL David C. Harro

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

OTHER _____
(Purchasing, Facilities Management, etc.)

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

ORDINANCE FACT SHEET

Title PLUMBING CODE FEES Effective Date _____

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored).

Provides adjustment of Plumbing Code fees consistent with the City of Portland fees and those being proposed for adoption by the Cities of Gresham and Troutdale. Provides for permit fee uniformity in the metro area. Facilitates administration of the City-County intergovernmental agreements pertaining to permit programs.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

City of Portland, Washington County, Clackamas County.

What has been the experience in other areas with this type of legislation?

Provides the resources necessary to effectively administer the electrical code program.

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

ORS 447.080 and 455.150

Fiscal Impact Analysis

NONE

(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel [Signature]

Office of County Management [Signature]

Department Head [Signature]

Liaison Commissioner _____

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF MULTNOMAH COUNTY, OREGON
ORDINANCE NO. 583

An Ordinance amending Multnomah County Code Chapter 9.10.

Multnomah County ordains as follows:

Section 1. Findings

The Board of County Commissioners finds that citizens, businesses and commerce in general, will benefit from uniform mechanical permit fees within the metro area.

The Board of County Commissioners also finds that fee adjustments are necessary and convenient for efficient administration of mechanical codes under the City/County intergovernmental agreements relating to permit functions.

Section 2. Amendment

M.C.C. 9.10.030 is amended as follows:

9.10.030 Adoption of State Building Code by reference. Those portions of the State Building Code, [as defined in subsection (8) of ORS 456.750, and subsection (1) of ORS 456.787,] constituting the structural specialty code, fire and life safety code, mechanical specialty code, and the one and two family dwelling specialty code, are hereby adopted and by this reference incorporated as part of this chapter as though fully set forth. The administrative provisions of this Chapter shall take precedence over the similar provisions of the state specialty codes.

MCC 9.10.100 is amended as follows:

9.10.100 Fees. The following fee schedule shall apply under this chapter in addition to those provided in the State Building Code: Where conflicts occur with fees provided in the State Building Code, the fees in this chapter shall prevail.

(B) Where an application is made and a plan is required, in addition to the fees under subsection (C) of this section, the applicant shall pay a plan review fee equal to 25% of the permit fee. Payment shall be made at the time of application.

(C) Before a permit may be issued for the installation, renovation, alteration or repair of a plumbing or drainage system, fees in accordance with the following table, plus a 5% surcharge, shall be paid:

(1)	Dwelling, each unit with one bathroom	[\$165]	<u>\$170</u>
(2)	Dwelling, each unit with two bathrooms	[\$225]	<u>\$230</u>
(3)	Dwelling, each unit with three bathrooms and not over 40 fixtures	[\$265]	<u>\$270</u>
[(4)]	Dwelling, each solar installation	\$ 35]	
[(5)]	(4) Dwelling, each unit fixture repair or remodel: <u>Each fixture</u>		<u>\$ 12</u>
	[(a) With less than 50% repair/remodel	\$ 35]	
	[(b) With more than 50% repair/remodel and 7 fixtures or less	\$ 50]	
	[(c) With more than 50% repair/remodel and more than 7 fixtures, the fee shall be \$10 per fixture]		
	[(d)] Water service or building sewer fees shall be in accordance with subsection [(10)] <u>(9)</u> of this section		
[(6)]	(5) Mobile Home Park sewer collection and water distribution system per space	\$ 35	
[(7)]	(6) Mobile Home service connections (sewer, water and storm) per space	\$ 30	
[(8)]	(7) Commercial/Industrial		
	[(a) If less than 200 feet of sewer or water service and less than 10 fixtures		\$140]

[(b) When not purchased as a unit under subsection (a) of this section, or if over 200 feet of sewer or water service or 10 or more fixtures, t]The fee shall be [\$10] \$12 per fixture, plus any water service, sanitary and storm fees as required by subsection [(10)] (9) of this section

[(9)] (8) Single family with more than 40 fixtures or over 3 baths, or when not purchased as a unit, the fee shall be [\$10] \$12 per fixture, plus water service, sanitary and storm sewers as required in subsection [(10)] (9) of this section

[(10)] (9) Water Service/Sanitary/Storm Sewer

- (a) Water service (first 100 feet or fraction thereof) [\$ 32] \$ 33
- (b) Water service (each additional 100 feet or portion thereof) [\$ 27] \$ 28
- (c) Building sewer (first 100 feet or fraction thereof) [\$ 32] \$ 33
- (d) Building sewer (each additional 100 feet or fraction thereof) [\$ 27] \$ 28
- (e) Building storm sewer or rain drain (first 100 feet or fraction thereof) [\$ 32] \$ 33
- (f) Building storm sewer or rain drain (each additional 100 feet or fraction thereof) [\$ 27] \$ 28

[(11)] (10) Miscellaneous

- (a) [Alternate potable water heating systems (coil, extractor, heat pumps, etc.) \$ 30]
Sewer cap \$ 33
- (b) Replacement water heater in kind (includes electrical and/or mechanical heating fee) \$ 20

(c) For replacement of existing water supply lines within the building:

(i) Single-Family Residence:
\$25 minimum first floor
\$10 for each additional floor

(ii) Commercial/Industrial Structure:
\$25 for up to the first five fixture branches
Each additional fixture branch shall be \$6 (fixture branch shall include both hot and cold water)

(d) Each solar unit \$ 35

Section 3. Adoption

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 21st day of July, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS

(SEAL)

By

Gladys McCoy
Gladys McCoy, Chair

APPROVED AS TO FORM;

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By

John Dubay

Assistant County Counsel

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF MULTNOMAH COUNTY, OREGON

ORDINANCE NO. _____

An Ordinance amending Multnomah County Code Chapter 9.10.

Multnomah County ordains as follows:

Section 1. Findings

The Board of County Commissioners finds that citizens, businesses and commerce in general, will benefit from uniform plumbing permit fees within the metro area.

The Board of County Commissioners also finds that fee adjustments are necessary and convenient for efficient administration of plumbing codes under the City/County intergovernmental agreements relating to permit functions.

Section 2. Amendment

M.C.C. 9.10.030 is amended as follows:

9.10.030 Adoption of State Building Code by reference. Those portions of the State Building Code, [as defined in subsection (8) of ORS 456.750, and subsection (1) of ORS 456.787,] constituting the structural specialty code, fire and life safety code, mechanical specialty code, and the one and two family dwelling specialty code, are hereby adopted and by this reference incorporated as part of this chapter as though fully set forth. The administrative provisions of this Chapter shall take precedence over the similar provisions of the state specialty codes.

MCC 9.10.100 is amended as follows:

9.10.100 Fees. The following fee schedule shall apply under this chapter in addition to those provided in the State Building Code: Where conflicts occur with fees provided in the State Building Code, the fees in this chapter shall prevail.

(A) Building permit fees shall be charged based on the total valuation of work to be performed.

<u>Total valuation of Work to be Performed</u>	<u>Fees</u>
<u>\$1.00 to \$500</u>	<u>\$11.85</u>
<u>\$501 to \$2,000</u>	<u>\$11.85 for the first \$500, plus \$1.80 for each additional \$100 or fraction thereof, to and including \$2,000</u>
<u>\$2,001 to \$25,000</u>	<u>\$38.85 for the first \$2,000, plus \$7.10 for each additional \$1,000 or fraction thereof, to and including \$25,000</u>
<u>\$25,001 to \$50,000</u>	<u>\$202.15 for the first \$25,000, plus \$5.35 for each additional \$1,000 or fraction thereof, to and including \$50,000</u>
<u>\$50,001 to \$100,000</u>	<u>\$335.90 for the first \$50,000, plus \$3.55 for each additional \$1,000 or fraction thereof, to and including \$100,000</u>
<u>\$100,001 and up</u>	<u>\$513.40 for the first \$100,000, plus \$2.95 for each additional \$1,000 or fraction thereof.</u>

[(A)] (B) Exempt area fire and life safety plan review and inspection - 40 percent of the required building permit fee.

[(B)] (C) Pre-move and pre-sale residential inspection fee	\$40.00
[(C)] (D) Demolition of structure	\$40.00
[(D)] (E) Temporary permit or temporary certificate of occupancy	[\$40.00] <u>\$50.00</u>
[(E)] (F) Hearing fee - board of appeals	[\$50.00]
(1) One- and two-family dwellings	<u>\$50.00</u>
(2) All other buildings	<u>\$75.00</u>
[(F)] (G) Certificate of occupancy (new permit not required)	[\$40.00] <u>\$50.00</u>

[(G)] (H) Automatic sprinkler system

- (1) Minimum charge \$40.00
- (2) Per sprinkler head for first 100 .50
- (3) Per sprinkler head in excess of first 100 .30
- (4) Permit fee surcharge 5 percent

[(H)] (I) Heating and ventilating fees under the Uniform Mechanical Code. The minimum permit fee under this subsection shall be \$20.00.

(3) Commercial Permit Fees

Any equipment or system regulated by this code and not classified residential under Paragraph 1 or 2 of this section shall be assessed permit fee(s) in accordance with the following:

Valuation of Work	Permit fee
\$1 to \$1,000	\$20
\$1,001 to \$10,000	\$20 plus [\$1] <u>\$1.25</u> for each additional \$100 over \$1,000
\$10,001 to \$100,000	[\$110] <u>\$142.50</u> plus [\$7] <u>\$7.50</u> for each additional \$1,000 over \$10,000
\$100,001 and up	[\$740] <u>\$817.50</u> plus [\$5] <u>\$5.25</u> for each additional \$1,000 over \$100,000

Section 3. Adoption

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this _____ day of _____, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS

By _____
Gladys McCoy, Chair

APPROVED AS TO FORM;

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By _____
John Dubay
Assistant County Counsel



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 21, 1988

Mr. Paul Yarborough, Director
Department of Environmental Services
2115 SE Morrison
Portland, OR

Dear Mr. Yarborough:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

(Sitting as the Public Contract Review Board)

In the Matter of Exempting from Public Bidding a)
Contract with Portland General Electric Company)
and General Telephone of the Northwest for the)
Conversion of Street Lighting on 257th R-10)

O R D E R
#88-126

Commissioner Casterline explained that Portland General Electric and General Telephone companies are installing underground lines, and the County will be allowed to use the open trench, thereby saving the County \$10,000 - \$20,000. She moved, duly seconded by Commissioner Anderson, unanimously

ORDERED that said exemption be approved.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Transportation
Purchasing

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 7/21/88
Agenda No. A-10

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Emergency Exemption Request

Informal Only * _____
(Date)

Formal Only July 21, 1988
(Date)

DEPARTMENT Environmental Services

DIVISION Transportation

CONTACT Richard Howard/Lillie Walker

TELEPHONE 248-3996 / 248-5111

*Name(s) OF PERSON MAKING PRESENTATION TO BOARD Richard Howard

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

Emergency exemption requested for conversion of 22 street light poles. Portland General Electric and General Telephone of the Northwest were performing construction in the area and excavation for trenches had been completed. The work was needed by the County, coordination between the two utility companies had been effected, and the opportunity to save \$20,000 to \$30,000 on this project was available.

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ GENERAL FUND

OTHER _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Richard D. Howard

BUDGET / PERSONNEL Karen Hume

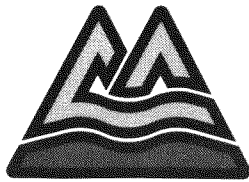
COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) John L. DuBay

OTHER Lillie M. Walker, Purchasing Director
(Purchasing, Facilities Management, etc.)

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

CS:070188

88-126
BOARD OF
COUNTY COMMISSIONERS
1988 JUL 14 AM 8:35
MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES
TRANSPORTATION DIVISION
1620 S.E. 190TH AVENUE
PORTLAND, OREGON 97233
(503) 248-5050

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

M E M O R A N D U M

TO: Lilly Walker/Purchasing Director
FROM: Dick Howard/Transportation Division *Dick*
DATE: June 23, 1988
SUBJECT: NE 257th Drive/Street Lighting Re-wiring

This is to confirm our recent telephone conversation regarding placing the power line for certain street lights underground.

Because it was necessary to accommodate the construction schedule of General Telephone Company, which is furnishing the trench at no cost to the street lighting district (an estimated \$20,000 to \$30,000 savings), it was necessary to proceed prior to processing the paperwork.

Portland General Electric has now furnished the estimate and the district has appropriate budget authorization

Please call me so that I may work with you on the details.

Thank you.

RTH/js
Encl.: PGE Ltr dated 6-21-88

4517V



Portland General Electric Company

June 21, 1988

Department of Environmental Services
Transportation Division
1620 SE 190th Ave
Portland OR 97233

Attention: Richard T. Howard, P.E.

Dear Mr. Howard,

Portland General Electric Company has been verbally authorized by you to convert existing overhead service to 22 streetlight poles on S.E. 257th (from Cherry Park Road to Columbia Street), to underground service. Total cost of this conversion is estimated as follows:

Job Cost	\$8,871.41
Less Allowance	<u>-6,795.36</u>
Net Cost to Customer	\$2,076.05
Miscellaneous Added Cost	
Carson Boxes & Labor	\$1,866.00
Pole Conduit @ \$35/each	770.00
Pole Conversion OH/UG @ \$89/each	<u>1,958.00</u>
Total	\$4,594.00
GRAND TOTAL	\$6,670.05

Please provide me with your purchase order number at your earliest convenience.

Sincerely,

Hassan Aman
Service & Design Engineer
Eastern Region, Gresham

HA:pt

c: Jack Donaldson

Gresham Division / 335 N.E. Roberts / P.O. Box 609, Gresham, Oregon 97030 / (503) 661-5000

RECEIVED
JUN 23 11:57
JOHN B. YEOM BLDG.

RECEIVED
PURCHASING SECTION

'88 JUN 24 P4:23

COUNTY

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

In the Matter of Exempting from)
Public Bidding the Conversion of)
Overhead Street Lighting on 257th)
Street from Cherry Park Road to)
Columbia Street, and Declaring an)
Emergency)

A P P L I C A T I O N

Application to the Public Contract Review Board on behalf of a request from DES, Transportation Division is hereby made pursuant to the Board's Administrative Rules AR 10.010 and 10.110, adopted under the provisions of ORS 279.015 and 279.017, for an order exempting from the requirements of public bidding, the conversion 22 street light poles on S.E. 257th, from Cherry Park Road to Columbia Street, by Portland General Electric Company and General Telephone of the Northwest at a cost of \$6,670.05.

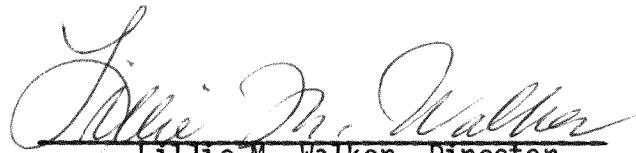
This request is made for the following reasons:

1. Conversion of the street lighting was scheduled in the Multnomah County Service District Budget.
2. Portland General Electric Company had begun construction in the location of the street light pole conversion and coordination with General Telephone of the Northwest had been effected.
3. The trenching excavation had been performed and was still open. It was necessary that action be taken prior to closing the trenches in order to take advantage of \$20,000 to \$30,000 cost savings.

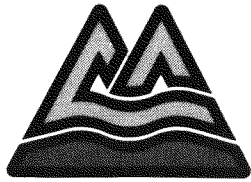
The DES Transportation Division has appropriated funds for this work in FY 1987-88 Service District budget.

The Purchasing Section recommends this action as it represents the most cost effective method of accomplishing the work.

Dated this 1st day of July, 1988.


Lillie M. Walker, Director
Purchasing Section

LMW:CLS



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

NOTICE

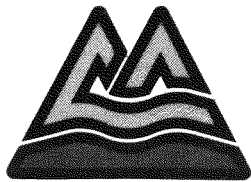
Notice is hereby given that on July 21, 1988 at 9:30 am in Room 602 of the County Courthouse, 1021 SW Fourth Avenue, The Board of Commissioners of Multnomah County, Oregon, sitting as the Public Contract Review Board for Multnomah County, will consider an application and Order exempting from public bidding of a Contract with Portland General Electric Company and General Telephone of the Northwest for the Conversion of Street Lighting on 257th.

Copies of the Application and Order are enclosed.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Barbara E. Jones
Assistant Clerk of the Board

BJ
Enclosures
7/14/88
0283C.24



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

APPROVAL OF ORDER

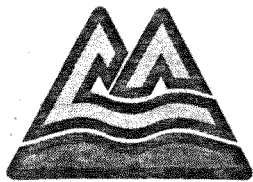
Notice is hereby given that on July 21, 1988 at 9:30 AM in Room 602 of the County Courthouse, 1021 SW Fourth Avenue, the Board of Commissioners of Multnomah County, Oregon, sitting as the Public Contract Review Board for Multnomah County, considered and approved an application and Order exempting from public bidding of a contract with Portland General Electric Company and General Telephone of the Northwest for the Conversion of Street Lighting on 257th.

Copy of the Order is attached.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

Barbara E. Jones
Assistant Clerk of the Board

BJ
Enclosure
7/22/88



MULTNOMAH COUNTY OREGON

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

15
5/16

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 21, 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 21, 1988, the following action was taken:

In the Matter of Designation of Newspaper for)
Publication of Notice of Foreclosure of Tax Liens)
as Shown on the Multnomah County 1987 Foreclosure)
List R-11)

O R D E R
#88-127

Upon motion of Commissioner Miller, duly seconded by Commissioner Casterline, 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: Assessment & Taxation

DATE SUBMITTED July 11, 1988

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. R-11

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Order for Publication of Foreclosure List

Informal Only* July 19, 1988
(Date)

Formal Only _____
(Date)

DEPARTMENT General Services DIVISION Assessment and Tax

CONTACT Paul Mackey TELEPHONE 248-3138

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Paul Mackey

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

State law requires Board to annually designate newspaper of general circulation in the County for publication of the foreclosure list of tax liens. Assessment and Taxation has recommended use of the Daily Journal of Commerce for this purpose.

(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 2 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ -General Fund

Other _____

88-127
To Mackey
7/22/88

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1988 JUL 12 PM 4:53

SIGNATURES:

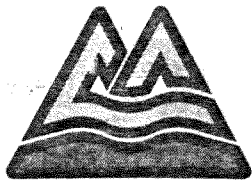
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Linda D. Blum

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Paul Mackey

OTHER _____
(Purchasing, Facilities Management, etc.)

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



MULTNOMAH COUNTY OREGON

15-16
J161

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 21, 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 21, 1988, the following action was taken:

Second Reading - An Ordinance relating to the) ORDINANCE
Business Income Tax, and amending MCC 5.70) R-12 NO. 586

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

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

ORDERED that said Ordinance be adopted.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board *BJ*

jm
cc: County Counsel
Finance

DATE SUBMITTED June 30, 1988

(For Clerk's Use)

Meeting Date 7/21/88
Agenda No. R-12

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Amend MCC 5.70 Business Income Tax

Informal Only* _____
(Date)

Formal Only July 14, 1988
(Date)

DEPARTMENT DGS DIVISION Finance

CONTACT Dave Boyer TELEPHONE 3290

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD David Boyer

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

Amend MCC 5.70 Business Income Tax to conform to State Statute references and clarify MCC 5.70.060. Ordinance has been approved by State Department of Revenue (Tax Administrator).

ord 586

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

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 5 to 10 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY (NONE)

☐ General Fund

Other _____

*To print shop
7/22*

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1988 JUL -3 PM 3:38

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER. Linda D. Shuster

BUDGET / PERSONNEL Ardis L. Craghead

COUNTY COUNSEL (Ordinances, Resolution, Agreements, Contracts) John K...

OTHER _____

(Purchasing, Facilities Management, etc.)

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

BEFORE THE BOARD OF COMMISSIONERS

For the County of Multnomah

ORDINANCE # 586

An Ordinance relating to the Business Income Tax, and amending MCC 5.70. [Bracketed items deleted and bold items added].

Multnomah County Ordains as follows:

Section I. MCC 5.70.015 is amended to read:

5.70.015 "Income" defined; determination of income.

For the purposes of this chapter, unless the context requires otherwise: "Income" means the net income of the taxpayer arising from any business as required to be reported to the State of Oregon for personal income or corporation excise or income tax purposes ~~before~~ any allocation or apportionment for operation out of the state, or deduction for a net operating loss carryover or carryback, except as provided under MCC 5.70.020 to 5.70.035 and subsection (A) of 5.70.060. If one or more taxpayers are required to report their income to the State of Oregon for personal income or corporation excise or income tax purposes in a [single combined report] **consolidated return**, "income" means the net income of the affiliated group of taxpayers who are carrying on a single unitary business before any allocation or apportionment for operation out of the state, or deduction for a net operating loss carryover or carryback, except as provided under MCC 5.70.020 to 5.70.035 and subsection (A) of 5.70.060.

Section II. MCC 5.70.030 (D)(1) is amended to read:

5.70.030 Net operating loss deduction.

(D) (1) The net operating loss in any taxable year shall be allowed as a deduction in any of the [five] **fifteen** succeeding taxable years.

Section III. MCC 5.70.050 (A) is amended to read:

5.70.050 Apportionment of income.

(A) Except when otherwise required by the provisions of Article III, Section 1, of the Multistate Tax Compact or as provided in this Section, any taxpayer having income from doing business both within and without the County shall, in computing the tax, determine the income apportioned to the County by multiplying the income from the taxpayer's business by a fraction, the numerator of which is the total sales of the taxpayer in the County during the tax period, and the denominator of which is the total sales of the taxpayer everywhere during the tax period. Sales of tangible personal property are in the County if the property is delivered or shipped to a purchaser within the County regardless of the f.o.b. point or other conditions of the sale. Sales other than sales of tangible personal property will be assigned to Multnomah

County as provided in ORS 314.665 (3) and corresponding Oregon Administrative Rules. Sales of financial corporations as defined in ORS 317.010 (6), title insurance companies incorporated in the State of Oregon, health care service contractors as defined in ORS 750.005 (2), carriers of freight or passengers, companies engaged in sea transportation services and other public utilities as defined in [ORS 315.610 (6)] **ORS 314.610 (6)**, will be assigned to the County as provided in ORS 314.280 and corresponding Oregon Administrative Rules. Sales of domestic insurance companies as defined in ORS 317.010 (11), will be assigned to Multnomah County as provided in ORS 317.660 (1) and corresponding Oregon Administrative Rules.

Section IV. MCC 5.70.060 (A)(1)(2)(3) is amended to read:

5.70.060 Exemptions. The following are exempt from the requirement of this chapter;

(A) Activities consisting of:

(1) Sales, exchanges or involuntary conversions of real property not held for sale in the ordinary course of trade or business, unless the real property is used in the trade or business in connection with the production of income;

(2) The sale of personal property acquired for household or other personal use by the seller;

(3) Interest and dividend income earned by an individual from investments if the income is not created in the course of the taxpayer's business activities, or where the purpose for acquiring and holding the income producing asset does not contribute to the taxpayer's business activities. **Gains and losses arising from the sale of assets if the gains or losses are not created in the course of the taxpayers business activities, or where the purpose for acquiring and holding the asset that produced the gain or loss does not contribute to the taxpayers business activities** [which produce exempt income] are also exempt under this chapter; and

(4) The raising, harvesting and selling of the taxpayer's own crops, or the feeding, breeding, management and sale of the taxpayer's own livestock, poultry, furbearing animals or honeybees, or sale of the produce thereof, or any other agricultural, horticultural or animal husbandry activity carried on by the taxpayer on his own behalf and not for others, or dairying and the sale of dairy products to processors. This exemption does not apply if, in addition to the farm activities described in this paragraph, the taxpayer does any processing of his own farm products which change their character or form or the taxpayer's business includes the handling, preparation, storage, processing or marketing of farm products raised or produced by others; or the processing of milk or milk products whether produced by the taxpayer or by others for retail or wholesale distribution.

(B) Persons whose gross receipts from all business both within and without the County is less than \$10,000 for the tax year.

(C) Corporations exempt from the Oregon Corporation Excise Tax under ORS 317.080, provided that a corporation subject to the tax on unrelated business income under ORS 317.920 to 317.950 shall be subject to the tax under this chapter based solely on that income. (See ORS 317.930 for exceptions and limitations.)

(D) Trusts exempt from federal income tax under Internal Revenue Code Section 501, provided that any exempt trust subject to tax on unrelated business income and certain other activities under Internal Revenue Code Section 501 (b) shall be subject to the tax under this chapter based solely on that income.

Section V. MCC 570.075 is amended to read:

5.70.075 State laws incorporated by reference.

The following statutes of Oregon relating to taxes on or measured by net income, together with the Oregon Administrative Rules relating to those statutes, are hereby adopted by reference and made a part of this chapter to the extent they are consistent with other provisions of this chapter, provided that, for the purposes of this chapter, "to" means "to and including", and "State" of "Oregon" as used in those Oregon Revised Statutes shall mean "County" unless a different meaning is clearly required:

- (A) ORS 305.100 to 305.155
- (B) ORS 305.190 to 305.200
- (C) [ORS 305.220] **ORS 305.217 to 305.280**
- (D) [ORS 305.230 to 305.260] **ORS 305.290 to 305.295**
- (E) [ORS 305.265 to 305.280] **ORS 305.375 to 305.385**
- (F) ORS 305.405 to 305.510
- (G) ORS 305.515 (3) (a)
- (H) ORS 305.515 (3) (c) to 305.540
- (I) ORS 305.545 to 305.555
- (J) ORS 305.560 to 305.575
- (K) ORS 305.620 to 305.640
- (L) ORS 305.655
- (M) ORS 305.810 to 305.830
- (N) [ORS 305.845 to 305.990] **ORS 305.845 to 305.992**
- (O) ORS 314.011 to 314.140
- (P) ORS 314.210 to 314.230
- (Q) [ORS 314.275 to 314.466] **ORS 314.276 to 314.466, except 314.300**
- (R) ORS 314.605 to 314.670

- (S) ORS 314.805 to 314.991
- (T) ORS 316.002 to 316.022
- (U) ORS 316.032
- (V) [ORS 316.215 to 316.279] **ORS 316.267 to 316.279**
- (W) ORS 316.347
- (X) ORS 316.372 to 316.467
- (Y) ORS 316.707 to 316.716
- (Z) ORS 316.729 (1) and (3) (a)
- (AA) ORS 316.737
- (BB) ORS 316.849
- (CC) ORS 316.970
- (DD) ORS 317.005 to 317.056
- (EE) ORS 317.067 to 317.080
- (FF) ORS 317.190 to 317.195
- (GG) ORS 317.259 to 317.273
- (HH) ORS 317.288 to 317.392
- (II) ORS 317.476 with respect to savings associations**
- (JJ) ORS 317.478**
- [(II)] **(KK)** ORS 317.504 to 317.665
- [(JJ)] **(LL)** ORS 317.920 to 317.950
- [(KK)] **(MM)** ORS 318.010 to 318.020
- [(LL)] **(NN)** ORS 318.031 except reference to ORS 317.102, ORS 317.116, **ORS 317.140**, ORS 317.281, ORS 317.476, ORS 317.845 and ORS 317.850
- [(MM)] **(OO)** ORS 318.040 and 318.060

Section VI. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

Adopted this 21st day of July, 1988, upon passage following its second reading.

(SEAL)

By Gladys McCoy
GLADYS MCCOY
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KBESSEL
County Counsel for
Multnomah County, Oregon

By [Signature]
County Counsel

0028F

ORDINANCE FACT SHEET

Title Business Income Tax Effective Date Upon Passage

Brief Statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored).

Amend MCC 5.70. Amendment needed to conform to State Statutes references and clarify MCC 5.70.060, Section A, subsection 3.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

N/A

What has been the experience in other areas with this type of legislation?

N/A/

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

Home Rule Charter, (NO)

Fiscal Impact Analysis

None.

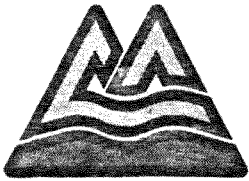
(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel _____

Department Head _____

Liaison Commissioner _____



16
5/61

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 21, 1988

Sheriff Fred Pearce
12240 NE Glisan
Portland, OR

Dear Sheriff Pearce:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

In the matter of Ratification of an Intergovern-)
mental Agreement with the City of Portland Police)
Bureau to provide photographic darkroom services)
for the Sheriff's Office for period July 1, 1988)
to June 30, 1989 R-13)

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

ORDERED that said Intergovernmental Agreement be ratified.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Purchasing
Harriet Weber

DATE SUBMITTED _____

JUL 7 1988

(For Clerk's Use)

Meeting Date 7/21/88
Agenda No. 4-13

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: INTERGOVERNMENTAL AGREEMENT

Informal Only*

¹⁹
July 12, 1988

(Date)

Formal Only

²¹
July 14, 1988

(Date)

DEPARTMENT

Sheriff's Office

DIVISION

CONTACT

Chief James Thacker/Undersheriff Fess

TELEPHONE

255-3600

*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.

The City of Portland Police Bureau to provide photographic darkroom services for the Sheriff's Office.

(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 _____

1988 JUL 12 PM 4:58
CLERK OF
COUNTY COMMISSIONER
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER:

Sally Anderson / uw

BUDGET / PERSONNEL See Contract Approval Form

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts)

See Contract Approval Form

OTHER

(Purchasing, Facilities Management, etc.)

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

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date _____

Agenda No. _____

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: INTERGOVERNMENTAL AGREEMENT

Informal Only* July 12, 1988
(Date)

Formal Only July 14, 1988
(Date)

DEPARTMENT Sheriff's Office DIVISION _____

CONTACT Chief James Thacker/Undersheriff Fess TELEPHONE 255-3600

*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.

The City of Portland Police Bureau to provide photographic darkroom services for the Sheriff's Office.

(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 _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Sally Anderson / ww

BUDGET / PERSONNEL See Contract Approval Form /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) See Contract Approval Form

OTHER _____
(Purchasing, Facilities Management, etc.)

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



MULTNOMAH COUNTY OREGON

88-89

CONTRACT APPROVAL FORM

(See instructions on reverse side)

TYPE I

- ☐ Professional Services under \$10,000
☐ Revenue
☒ Grant Funding
☒ Intergovernmental Agreement

Amendment # _____ to Contract # _____
(Original Contract Amount _____)

TYPE II

- ☐ Professional Services over \$10,000 (RFP, Exemption)
☐ PCRb Contract
☐ Maintenance Agreement
☐ Licensing Agreement

Amendment # _____ to Contract # _____
(Original Contract Amount: _____)

Contact Person Chief James Tracker Phone 255-3600 X270 Date 6-10--88

Department Sheriff Division Law Enforcement Bldg/Room 313/210

Description of Contract The City of Portland, Police Bureau to provide photographic
Darkroom services for the Sheriff's Office

RFP/BID # _____ Date of RFP/BID _____ Date of Exemption _____

Reviewed For ☐ MBE ☐ FBE Participation Contractor is ☐ MBE ☐ FBE

Contractor Name City of Portland

Contractor Name 1111 SW 2nd Ave.
Mailing Address _____

Portland, Oregon

Phone 796-3362

Employer ID# or SS#

Effective Date 1 July 1988

Termination Date 30 June 1989

Total Amount of Agreement \$ 6,534.00

Payment Terms

☐ Lump Sum \$ _____
☐ Monthly \$ _____
☐ Other \$ _____

☐ Requirements contract-requisition required

Purchase Order No. _____

Required Signatures: _____

Department Head Cred B. Francis Date 9-6/14/88

Purchasing Director _____ Date _____
(Type II Contracts Only)

County Counsel Sandy J. Duffy Date 6-23-88

Budget Office Tommy Spadaro Date 6/27/88

County Executive/Sheriff _____ Date _____

TRANSACTION CODE		P O	AGENCY		PO DATE	m m d d y y		ACCOUNTING PERIOD		m m y y		BUDGET FY	ACTION <input type="checkbox"/> Original Entry (E) <input type="checkbox"/> Adjustment (M)	
VENDOR CODE			VENDOR NAME								TOTAL AMOUNT			
LINE NO.	CONTRACT NUMBER	FUND	AGENCY	ORGANIZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION				AMOUNT	INC/ DEC IND
	200269	100	020	3320		6110							\$	
													\$	
													\$	
													\$	
													\$	

INTERAGENCY AGREEMENT FOR PROVIDING
PHOTOGRAPHIC DARKROOM SERVICES

THIS AGREEMENT is made and entered into this 1st day of July, 1988, by and between the CITY OF PORTLAND ("Portland"), a municipal corporation of the State of Oregon, and MULTNOMAH COUNTY ("County"), a political subdivision of the State of Oregon, for the providing of photographic darkroom service.

W I T N E S S E T H:

WHEREAS, Portland maintains in the headquarters building of the Bureau of Police, a photographic darkroom and such facility has the capability of providing various services; and

WHEREAS, the County desires to purchase for a fee certain of said services;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties fully agree only as follows:

1. Portland, through the Bureau of Police, agrees to provide the following services:
 - a. Develop 35mm color films compatible with industry standard C-41 (color negative) and E-6 (color slides) processes.
 - b. Produce color prints in sizes indicated in the Schedule of Charges attached as Exhibit A from 35mm color negatives.
 - c. Provide a written quarterly statement summarizing the actual charges to the County based upon the actual utilization of these services by the County.
2. The County agrees to:
 - a. Pay to the City of Portland on a quarterly basis for the above services based on actual utilization of these services by the County beginning July 1, 1988 and ending June 30, 1989, not to exceed \$6,534. The costs for darkroom services will be based on the costs in the Schedule of Charges attached to this agreement as Exhibit A.
 - b. Pay to the City of Portland, charges for any additional photographic services beyond those listed above and not defined in the Schedule of Charges attached to this agreement.
 - c. That during the term of this agreement, if the City of Portland incurs increased costs in materials or equipment to provide photographic darkroom services, the County agrees to pay additional costs in an amount mutually agreed upon for the darkroom services outlined in this agreement and in the Schedule of Charges.

3. The parties agree that no modification of this agreement shall have effect until reduced to writing and signed by the respective authorized representatives. This agreement may be terminated by either party upon 30 days written notice of such termination to the other party.

CITY OF PORTLAND

J. E. "Bud" Clark
J. E. "Bud" Clark, Mayor
City of Portland

6/3/88
Date

MULTNOMAH COUNTY

Fred B. Pearce
Fred B. Pearce
Sheriff

7-5-88
Date

Approved as to form:

APPROVED AS TO FORM

By: Cheryl L. Rogers
Benjamin Walters
City Attorney
City of ~~PORTLAND~~ **ATTORNEY**

May 31, 1988
Date

By: Sandra Duffy
County Counsel
Multnomah County

June 23, 1988
Date

SCHEDULE OF CHARGES
FY 88-89

35mm FILM PROCESSING (C-41 to produce color negatives)	
12 exposure roll	\$.66
24 exposure roll	.94
36 exposure roll	1.32
35mm bulk film (per lineal foot)	.22

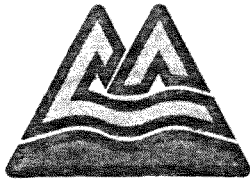
35mm FILM PROCESSING (E-6 to produce mounted color slides)	
20 exposure roll	\$ 3.35
36 exposure roll	4.51

COLOR PRINTS (from 35mm color negatives)	
One contract strip (1-4 frames)	\$.39
One 3 x 5 print	.20 (each additional .13)*
One 5 x 7 print	.83 (each additional .55)*
One 8 x 11 print	2.32 (each additional 1.65)*

MUGS	
First print	\$.15 (each additional .07)*

* Printed at same time from same negative

SPECIAL HANDLING AND PROCESSING \$23.29 per hour



MULTNOMAH COUNTY OREGON

16
5/16/1

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 21, 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 21, 1988, the following action was taken:

First Reading - An Ordinance relating to Food)
Service Inspection Fees, Swimming Pool License)
Fees, and Tourist and Travelers Facilities In-)
spection Fees, and amending MCC 5.10 R-14)

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held; no one wished to testify.

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

ORDERED that the first reading of the above-entitled Ordinance be approved, and that the second reading be held on July 28, 1988 at 9:30 A.M. in Room 602 of the County Courthouse.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By

Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: County Counsel
Health Services

(For Clerk's Use)

Meeting Date 7/24/88

Agenda No. R-14

DATE SUBMITTED _____

REQUEST FOR PLACEMENT ON THE AGENDA 2nd 7/25/88 R-13

Subject: Fee Ordinances Changes/Additions

JUL 05 1988

Employee Relations

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services

DIVISION Health

CONTACT Art Bloom

TELEPHONE 248-3400

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/Art Bloom

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.
The proposed ordinance increases some fees for inspection services, adds fees for the inspections of bed & breakfast facilities, add fees for food service plan review and adds a penalty for non-payment of all license fees.

(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 10 minutes

IMPACT: Increases food service inspection fees (schedule attached)
by \$35,485.

PERSONNEL _____

☒ FISCAL/BUDGETARY Adds about \$300 in Bed and Breakfast license fees
☐ General Fund- Adds about \$11,400 in food service plan review fees.
Will add an unknown amount of revenue in penalty fees.
Other _____ Increases swimming pool/spa license fees by \$1255
(schedule attached)

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussy (w)

BUDGET / PERSONNEL David C. Sharrin / Susan Dames

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Isabella Br...

OTHER _____

(Purchasing, Facilities Management, etc.)

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

Before the Board of Commissioners
FOR THE COUNTY OF MULTNOMAH
ORDINANCE NO. _____

An ordinance relating to Food Services Inspection Fees, Swimming Pool License Fees, and Tourist and Travelers Facilities Inspection Fees, and amending MCC 5.10. (Bracketed items deleted and underlined items added.)

Multnomah County ordains as follows:

SECTION I. AMENDMENT

MCC 5.10.320 is amended to read as follows:

HUMAN SERVICES

5.10.320 Food service [inspection] license fee. For the services of the Department of Human Services in connection with issuance of food service licenses, the department shall collect from every applicant, at the time of application, \$35 for each temporary restaurant license issued or applied for, and [~~\$85~~] \$98 for each limited service license issued or applied for.

The following fee structure shall apply for regular restaurant and commissary licenses issued or applied for:

(A) [~~\$170~~] \$195 per license for each license applied for between January 1 and March 31, except that where more than two food service facilities are located at the same address, the license fee shall be [~~\$170~~] \$195 for the first two facilities and [~~\$85~~] \$98 for each additional facility.

(B) [~~\$127~~] \$146 for each license applied for between April 1 and June 30, except that where more than two food service facilities are located at the same address, the license fee shall be [~~\$127~~] \$146 for the first two facilities and [~~\$85~~] \$98 for each additional facility.

(C) [~~\$85~~] \$98 for each license issued between July 1 and December 31.

For licenses issued or applied for the following special food service facilities, the following fees shall be charged:

Warehouses	[\$60] <u>70</u>
Mobile Units	[\$45] <u>60</u>
Vending Machines:	
1 - 10 units	50
11 - 20	100
21 - 30	150
31 - 40	175
41 - 50	200
51 - 75	300
76 - 100	350
101 - 200	400
201 - 400	750
401 - 750	1,200
1,001 - 1,500	2,000
1,502 - 2,000	\$2,000 plus \$1 ea. over 2,000 units

SECTION 2. AMENDMENT

MCC Chapter 5.10 is amended to add the following:

5.10.321 Food service plan review: For the services of the Department of Human Services in connection with the review of plans for the construction of food service facilities as those terms are defined in ORS 624, the department shall collect a \$60 fee from each applicant; and in connection with the review of plans for the remodeling of food service facilities, the department shall collect a \$30 fee from each applicant.

5.10.322 Payment of license fees and delinquency penalty:
(A.) ORS 624.020 states that all licenses issued under this section (ORS 624.020) terminate and are renewable on December 31 of each year. The renewal of license fees imposed by MCC 5.10.320 through 5.10.345 shall be paid on or before January 15 of the current license year, to the department.

(B.) Except as provided in subsection (C) of this section, to any license fee not paid as required in subsection (A) and (D) of this section there shall be added a penalty of fifty percent of such license fees.

(C.) If the department determines that the delinquency was due to reasonable cause and without any intent to avoid payment, the penalty provided by subsection (B) of this section shall be waived.

(D) When a license fee is due at any other time of the year, other than January 15, the license fee shall be payable to the department within fifteen days of application. If the license fee is not paid as provided in this subsection, then subsection (B) of this section shall apply.

5.10.323 Bed and Breakfast facilities. Food service license fees: For the services of the Department of Human Services in connection with the inspection of food service facilities as those terms are defined in ORS 624, the department shall collect a \$30 annual license fee from each applicant.

SECTION 3. AMENDMENT

MCC 5.10.340 is amended to read as follows:

5.10.340 Swimming pool license fee. For the services of the Department of Human Services in connection with the inspection of public swimming pools, public spa pools, and bathhouses as those terms are defined in ORS 448.005, the department shall collect a [~~\$110~~] \$115 annual license fee from each applicant, except where more than one public swimming pool or public spa pool is located at the same address, in which case the annual license fee shall be as follows:

For the First three pools	[\$110] <u>\$115</u> each
For each additional pool	[\$30] <u>\$ 35</u>

SECTION 4. AMENDMENT

MCC 5.10.345 is amended to read as follows:

5.10.345 Tourist and travelers facilities [inspection] license fees. For the services of the Department of Human Services in connection with the issuance of licenses the department shall collect from every applicant, at the time of application, the following fees:

Tourist and travelers facilities and recreation parks:

1 - 25 units	\$ 50
26 - 50	75
51 - 75	100
76 - 100	125
101 and over	\$125 plus \$1 per unit over 101 units

Picnic parks	30
Organizational camps	30

SECTION 5. AMENDMENT

MCC Chapter 5.10 is amended to add the following:

5.10.346 Bed and Breakfast Facilities. Tourist Accommodations license fee. For the services of the Department of Human Services in connection with the inspection of tourist accommodation facilities as those terms are defined in ORS 446 the department shall collect a \$30 annual license fee from each applicant.

SECTION 6. ADOPTION

This ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on _____, according to Section 5.50 of the Charter of Multnomah County.

Adopted this ____ day of _____, 1987, being the date of its second reading before the Board of County Commissioners of Multnomah County, Oregon.

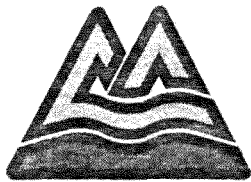
[SEAL]

Gladys McCoy
County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By Laurence Kessel
Assistant County Counsel



MULTNOMAH COUNTY OREGON

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

16-19
5/6/

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 21, 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 21, 1988, the following action was taken:

First Reading - An Ordinance adopting an Ambulance)
Service Plan and amending MCC 6.31.039 R-15)

Order in the matter of approving a Request for)
Credentials and Requests for Proposals for Emer-)
gency Ambulance Service R-16)

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held.

Joe Acker, EMS Director, explained the process taken for development of the proposed Ordinance, and recommended the Board approve the Ambulance Plan. He explained that once the Plan is approved, it will be submitted to the State with implementation following State approval. Implementation includes the Request for Credentials and Request for Proposals. The Ambulance Plan divides the County into two ambulance service areas, and contractor(s) will be selected through the competitive bid process.

Commissioner Kafoury moved approval of the Ordinance, duly seconded by Commissioner Anderson.

At this time, Commissioner McCoy limited testimony to three minutes per person.

Mr. Acker asked for clarification regarding whether or not both the Ordinance and the Order will be heard at the same time.

Commissioner McCoy agreed both matters would be considered at the same time.

Mr. Acker stated staff have prepared information in response to Commissioner Casterline's request made at the Tuesday Informal meeting; and are prepared to present the information upon Board request.

Dr. Don L. McNeil, Emergency Physician practicing in the Portland area, listed his credentials and experiences in the local area; and described the duties, needed skills, and responsibilities of paramedics in the pickup and transportation of patients to hospitals. He recommended the Fire Department not be given the responsibility, and that the Board consider agencies having track records for providing needed ambulance services.

Commissioner Miller questioned the time limit of three minutes.

Commissioner McCoy corrected the limit from 3 minutes total to three minutes per item (4 items) for a total of 12 minutes per person.

Dr. McNeil, in response to Commissioner Anderson's question, replied that training of the EMT is part of the requirements for providing quality care to the patient during transportation, but that experience and current activity in the field are also important.

Tom Lindley, attorney representing Buck Medical Services, submitted to the Board an outline of his comments along with proposed language for the RFC/RFP documents. He urged the Board adopt the Ambulance Area Service Plan, or delay the Plan until the decision on the Court Appeal is made. He stated he feels both the RFC and the RFP proposals are flawed; and that the RFC is planned to set only minimum standards for minimum quality patient care. However, the proposed document allows anyone to apply, and allows inexperienced operators to participate in the bidding process. He suggested affirmative action language in the RFC is not strong enough, and should be revised. With the language that each ASA can stand alone, it means local providers cannot bid because both service areas are needed in order to make a reasonable return on investments. One ASA will not provide enough business to keep a company solvent. He said the RFP meets County goals, but that it is important to maintain a balance between high service quality and low rates. He feels minimums are too low, and that a point system would work better. He recommended using a point system for all areas; balancing those points to meet County goals; and adding points for performance predictors. He discussed the lack of standards for training and quality assurance programs in the RFC and RFP documents.

Mr. Acker said he does not agree with Mr. Lindley; and added that requiring a Dun & Bradstreet financial rating is only a tool to be used with other financial statements. He read statements from the RFP whereby requirements for education and training are listed; and said these are standards the evaluation committee will use as standards to judge RFC and RFP applications.

Mr. Lindley said he did not disagree with what Mr. Acker was saying, but that decisions are made based upon minimums and does not allow grading of applicants to determine whether or not they are better.

Laurence Kressel, County Counsel, said he feels there is flexibility for evaluators, because the word "adequate" is used which implies a value statement. The reviewer then has to measure something, and this meets some of Mr. Lindley's questions.

Mr. Acker stated the first draft of the RFP that went to the RFC/RFP Construction Committee was totally subjective, and allowed the proposer to set standards. Purchasing was concerned the County could not defend itself in Court or be responsible to citizens should this process be used. At that point, the system was changed to a yes/no process throughout the RFP. Later both systems were combined with minimum standards for the current RFP which satisfies no one. Balancing of personnel costs with revenue from rates was the goal for the RFP Construction Committee.

Commissioner Miller expressed her views about the underlying issues being addressed, and said she feels the Fire Bureau could handle Ambulance Services in emergency situations. She feels though the Board has not made a decision about accepting minimum standards, that premise appears in the documents. She added an affirmative action portion must be included in both the RFC and the RFP.

Commissioner Kafoury reminded the Board public testimony should be taken before the Board gives its opinion.

Chris Thomas, AA Ambulance, stated he has provided the Board with materials on the RFC and RFP proposals. His concern is that he had not seen specific language changes, and would like to be able to review them and comment further if he wishes.

Bruce Bishop, Kaiser Permanente, submitted a letter, and said Kaiser Permanente provides health care to one out of every six persons living in their service area; and is the second largest purchaser of ambulance services in the community. He testified in support of streamlining ambulance services in the community, and making

those services affordable. He does not support proceeding with the two ASA proposal because it will entrench a provider for at least four years in the Metropolitan area; and is not in the best interest of Kaiser Permanente members nor the community in general. He offered assistance to the Board in going to the Legislature to request a single, cost effective, ambulance service for the community.

Chief John Wilson, Portland Fire Bureau, said all issues discussed today have been discussed over the past three years in many hearings. He urged the documents not be changed, and that the process move forward.

Mr. Acker said some of the RFP committee guidelines were the following: 1) Does the goal above the minimum standard improve the EMS delivery system? 2) Can the goal be objectively evaluated, can it stand alone today. 3) Did the credentialing document address the issue? Though EMT education was not included, there is a minimum requirement stated on page 5 of the RFP. The County offers continuing education through a contract with Oregon Health Sciences University, but this program is not effectively being used because the County does not have good control over the process. The new plan will change the field supervisors to County employees, and allow continuing education standards and requirements for quality and quantity that will exceed State requirements. Peer review requirements are listed on page 17 of the RFC and page 5 of the RFP. He read applicant requirements; and stated there are no other EMS systems within the United States having this type of quality assurance process for the kind of population served. He made presentation to the National Association of Emergency Medical Technicians in June, which was well attended; many requests have been received for this paper because others wish to implement what Multnomah County has been doing for approximately two years. There is a requirement for public education on page 18 of the RFP. He read the statement. Field supervisor standards were removed from the RFP because it was felt these positions should be filled from the EMT population.

Commissioner Casterline expressed her concern that the same eloquence is not found in the RFP as that in the RFC. She would like to add points for items which go above minimums; especially quality assurance.

Mr. Acker said standards have been based upon past performance.

Commissioner Casterline said she would like the emphasis to be on what can be done in the future that would be above minimum standards; and not to rely just on numbers alone. She added she

-4-

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Commissioner Casterline expressed her concern that the same eloquence is not found in the RFP as that in the RFC. She would like to add points for items which go above minimums; especially quality assurance.

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Commissioner Casterline said she would like the emphasis to be on what can be done in the future that would be above minimum standards; and not to rely just on numbers alone. She added she

feels anyone should be able to apply rather than limiting applications to just the present four ambulance companies. She is concerned more about quality than low rates. She moved approval, duly seconded by Commissioner Anderson.

Commissioner McCoy stated she is ready to move ahead, but wants more affirmative action language added.

Commissioner Kafoury concurred with Commissioner McCoy.

Mr. Acker responded that the EMT office staff are not affirmative action experts, and recommended County Counsel and the Affirmative Action Officer review the proposals for compliance with County policy.

Commissioner Kafoury said she feels the Department has not yet been given enough direction; and added she has been convinced a contract for two ASAs with two winners is appropriate. She is concerned about the costing aspect, and about adding extra points to the basic system.

Following discussion, it was decided that a work session would be scheduled next Tuesday, July 26 to discuss issues for change; the Board will agree to move toward the two ASA process, with two winners; and affirmative action, incremental costing, and the point system will be discussed next week.

At this time, the motion was considered, and it is unanimously

ORDERED that the First Reading of the above-entitled Ordinance and Order regarding approving the Request for Credentials and Requests for Proposals be continued to July 28, 1988 at 9:30 AM in Room 602 of the County Courthouse, with the work session being held Tuesday afternoon at the Informal Meeting (1:30 PM).

At this time, Jane McGarvin, Clerk of the Board, requested that all EMS information sent to the Commissioners also be sent to the Clerk of the Board for the Board's official records.

Mr. Acker explained some of the information needed for the meeting next week can be found on the back table, and requested each Board member to take copies.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS


Jane McGarvin
Clerk of the Board

jm

cc: County Counsel

Emergency Medical Services



Emergency Medical Services

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

MEMORANDUM

TO: Jane McGarvin
Clerk of the Board

FROM: Joe Acker, Director
Emergency Medical Services

DATE: October 14, 1988

SUBJECT: Material Provided from the July 21, 1988, Ambulance Hearing
For The Record

On page 4 of the document you provided, the second full paragraph, tenth line down, the sentence reads: "The new plan will change the field supervisors to county employees and allow continuing education standards and requirements for quality and quantity that will exceed state requirements." This should read: "The new plan will change the physician supervisor to a county employee and will allow continuing education standards and requirements for quality and quantity that will exceed state requirements."

I think it is our best interest to change this, if possible, because it does reflect a major change in the system.

SEAL OF
COUNTY COMMISSIONERS
1988 OCT 17 AM 9:40
MULTNOMAH COUNTY
OREGON

DATE SUBMITTED July 14, 1988

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. R-15
Ent D 7/28/88 R-14

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Ambulance Service Plan

Informal Only* _____
(Date)

Formal Only July 21, 1988
(Date)

DEPARTMENT Human Services

DIVISION Health

CONTACT Joe Acker

TELEPHONE 248-3674

*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.

Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039

(Order approving Request for Credentials and requests for proposals for Emergency Ambulance Service for Multnomah County will come before the BCC at the same time as the final reading of the ordinance)

(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 _____

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.



MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES
COUNTY COUNSEL SECTION
1120 S.W. FIFTH AVENUE, SUITE 1400
P.O. BOX 849
PORTLAND, OREGON 97207-0849
(503) 248-3138

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

M E M O R A N D U M


COUNTY COUNSEL
LAURENCE KRESSEL

CHIEF ASSISTANT
ARMINDA J. BROWN

ASSISTANTS

JOHN L. DU BAY
SANDRA N. DUFFY
J. MICHAEL DOYLE
H. H. LAZENBY, JR.
PAUL G. MACKEY
MARK B. WILLIAMS

TO: Barbara Donin
Assistant to the Chair

FROM: Larry Kressel 
County Counsel

DATE: July 13, 1988

RE: EMS Ordinance and Orders

I enclose an ordinance adopting the EMS Plan and an order adopting the Requests for Credentials (RFC) and Request for Proposals (RFP) for the two-area system mentioned in the plan. Please file these with the clerk of the board for the appropriate hearing. Joe Acker can provide the plan, the RFC and the RFPs mentioned in the adopting documents.

Note that the ordinance requires two readings. On the other hand, the order can be adopted at a single hearing. The order should be adopted after the ordinance, since it is part of the implementation of the two-area system described in the plan.

Section three of the ordinance addresses the relationship between the single-area rule that is currently on the books and the plan for a two-area system. Findings 4 and 5 of the ordinance explain that the two-area plan is intended as an interim measure pending appellate review of Judge Crookham's ruling against a one-area plan. By using this language we hope to show the appellate courts that the pending appeals are not moot.

When the ordinance and the order are circulated to the board, please also circulate this explanatory memo.

1872R/dm
Enclosure

cc: Joe Acker
Dr. Gary Oxman

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. _____

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

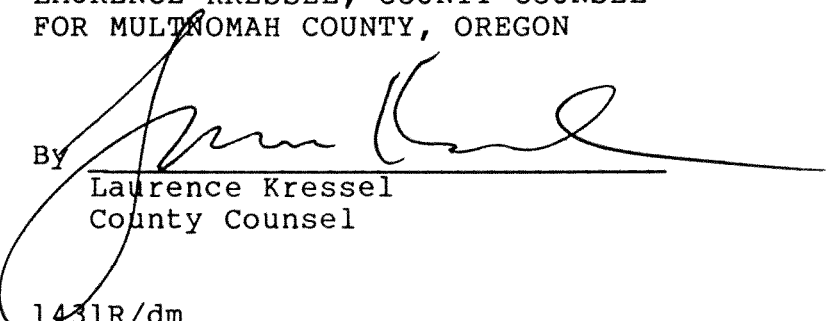
ADOPTED this _____ day of _____, 1988, being the date
of its _____ reading before the Board of County Commissioners
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

By _____
Gladys McCoy
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By  _____
Laurence Kressel
County Counsel

1431R/dm
071288:6:1

MILLER, NASH, WIENER, HAGER & CARLSEN
ATTORNEYS AND COUNSELORS AT LAW
3500 U.S. BANCORP TOWER
III S. W. FIFTH AVENUE
PORTLAND, OREGON 97204-3699
TELEPHONE (503) 224-5858

THOMAS E. LINDLEY
ADMITTED IN OREGON, WASHINGTON AND ILLINOIS

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TELECOPY (503) 224-0155

SEATTLE OFFICE
6500 COLUMBIA CENTER
701 FIFTH AVENUE
SEATTLE, WASHINGTON 98104-7075
TELEPHONE (206) 622-8484
TELECOPY (206) 622-7485

Presentation
Re
Proposed
Ambulance Service Area Plan,
Request for Credentials, and
Request for Proposals

July 21, 1988
To
Multnomah County Commissioners
On behalf of
Buck Medical Services

Index:

	<u>Page</u>
I. Outline of Presentation	1
II. Exhibits	
A. Affirmative Action	4
B. Critique of Single ASA "Stand Alone" Bid Requirement	5
C. Local RFP Sections' Comparison	6
D. Nationwide RFP Comparison Sheet	8
E. Emergency Medical Transport Qualifications	9
F. EMT Supervisors	10
G. Education and Training	11
H. Full Costing	12

Outline

- I. Re ASA Plan - Urge either adoption to settle issues of RFP and 2 ASAs, or delay for legislative/court approval of 1 ASA.
- II. Re RFC and RFP - Hold each for future work on several key areas.
- III. RFC.
 - A. Purpose should be to set minimum criteria necessary to achieve minimum adequate performance for system as whole.
 - B. Does NOT. This RFC was designed to meet lowest existing level of any licensee, so each could bid.
 - C. If do not put necessary requirements into RFC, must put them in RFP. More on RFP later.
 - D. Specific sample problems in RFC (there are others):
 - 1. Analogous Transport Experience (p. 12) - should be required. (Easy. Just delete option 1. and leave option 2. for everyone.)
 - 2. Insurance levels (p. 16) - should be twice those set in RFC.
 - 3. Affirmative Action Plan (p. 16) - should be required. [Exh. A]
 - 4. Section VIII, p. 10: "stand alone" ASA bids - this drives out all local providers except Fire Bureau. Should be rewritten to either:
 - (a) permit option to bid on system as whole or
 - (b) mandate two ASAs and two separate winners. [Exh. B]
 - E. Solution: return RFC to staff with directions to ensure minimums actually protect county, not just current licensees.

IV. RFP.

A. Does NOT meet County's primary goal.

1. Goal: Balance between high quality and low rates.
2. RFP: Awards no points for higher quality; awards many points for rates.

(Sets some minimums for quality in some areas,
none in others.)

B. Examples:

1. Local RFP comparisons showing balance in other RFP. [Exh. C]
2. Nationwide comparison showing other factors. [Exh. D]
3. Specific examples of potential inclusions:
 - (a) Analogous transport experience. [Exh. E]
 - (b) Supervisors' credentials. [Exh. F]
 - (c) Training programs. [Exh. G]
 - (d) Quality assurance programs.
 - (e) Safety Net assurances.

C. Full costing issue. [Exh. H]

D. Current draft RFP's problems:

1. Heavy focus on rates.
2. Heavy reliance on enforcement (few performance predictions considered).
3. All-or-nothing approach to many items (such as safety net, system status plan, quality assurance) rather than points, so that County either loses litigation or gets bad provider.

E. Solution: instruct staff to:

- (a) Add point areas for performance in excess of minimums.
- (b) Balance points for quality with points for rates.
- (c) Add point areas for performance predictors.
- (d) Set highest achievable number of points for each item, award best proposer full points for that item, and award each lesser proposal fewer points for that item.
- (e) Could all be accomplished within 2 weeks.

Affirmative Action

[RFC, p. 16] N. The applicant must present proof of maintenance of an affirmative action plan approved by the United States Department of Labor, which proof shall include a copy of that plan.

The applicant shall not be credentialed if it fails to provide such proof.

Exhibit A

Critique of the Single ASA "Stand Alone" Bid Requirement

ASA-1	ASA-2
Bid X - 1200	Bid X - 1000
Bid Y - 1000	Bid Y - 1100

Totals: Bid X - 2200

Bid Y - 2100

Bid as one: Bid X - 1800

Bid Y - 1900

If a bidder bid each separately assuming it would get both, and it only won one, it would be bankrupt. Alternatively, if it bid each separately attempting to get both and could withdraw its bid if it did not win both, then the county's evaluation process is aborted.

Exhibit B

Local RFP Sections' Comparison

MULTNOMAH COUNTY

I. Personnel:	41.3%
II. Communications (inc. AVL):	6.3%
III. Medical (Quality of Care):	0%
IV. Equipment:	10.8%
V. Rates and Charges:	41.7%
VI. Safety Net:	0%

RFP sets required minimums.

RFP does not award points for
performance above minimums.

RFP awards only 2% of its points
for performance predictors.

CLACKAMAS COUNTY

I. Financial Stability and Security:	15%
II. Quality of Care Assurance:	30%
III. Performance Indicators:	25%
IV. Rates and Charges:	20%
V. Other Variables (e.g., public instruction):	10%

RFP sets required minimums.

RFP awards points (31%) for
performance above minimums.

RFP awards fully 49% of its
points for performance
predictors.

MULTNOMAH COUNTY RFP DETAIL

Total points: 200-240.
(Percents calculated on 240.)

I. <u>Personnel</u> :	99	(<u>41.3%</u>)
a) unit hours:	30	(12.5%)
b) management:		
ratio of supervisors:	9	(3.8%)
three top positions:	15	(6.3%)
c) employee wage/benefits:	45	(18.8%)
II. <u>Communications</u> (incl. AVL):	15	(<u>6.3%</u>)
III. <u>Medical</u> :	0	(<u>0%</u>)
IV. <u>Equipment</u> :	26	(<u>10.8%</u>)
newer vehicles:	4	(1.7%)
preventive maintenance:	8	(3.3%)
reserves:	8	(3.5%)
equipment:	6	(2.5%)
V. <u>Rates</u> :	60-100	(<u>25.0-41.7%</u>)
BLS:	20-35	(8.3-14.6%)
ALS:	30-55	(12.5-22.9%)
Standby:	10	(4.2%)
[<u>And</u> can <u>detract</u> <u>from</u> <u>other</u> area's scores]		
VI. <u>Safety Net</u> :	0	(<u>0%</u>)

EXHIBIT D
PERFORMANCE PREDICTORS IN RFP'S

	Multnomah County, OR.	San Diego, CA	Clackamas County, OR.	REMSA; Reno, Nevada	San Mateo, CA.	Spokane, WA.	MAST; K.C., MO.	Fort Wayne IND.	Contra Costa CA.	Baytown, TX.	Alameda, CA.	Scottsdale, AZ.
Analogous ALS Transport <u>Experience</u>	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Experience in ambulance billing, collection %'s, 3rd party collections	no	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
History of vehicle <u>maintenance</u>	yes	yes	yes	yes	no	no	yes	yes	yes	no	no	yes
History of EMT continuing educ. <u>program</u>	no	yes	yes	yes	yes	no	yes	yes	yes	no	yes	yes
Experience in eval. of performance, Q.A., or Peer Review	no	yes	yes	yes	yes	no	yes	yes	yes	yes	no	yes
History of public <u>education, involv.</u>	no	yes	yes	yes	no	no	yes	yes	no	no	no	yes
1 ∞ Upper Management <u>Credentials</u>	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
1 Field Supervisor <u>Credentials</u>	no	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
Audit of past <u>Financial Status</u>	yes*	yes	yes	yes	yes	no	yes	yes	yes	no	yes	yes
Credit references, demonstrated <u>Financial worth</u>	yes*	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
History of response times in regulated <u>system (compliance)</u>	yes*	yes	yes	yes	no	no	yes	yes	yes	no	no	yes

*These three items are in Multnomah County's credentialing phase, they are not evaluated in its RFP.

Emergency Medical Transport Qualifications

RFP page 27, in Medical, add new section 3-B:

- (1) 60 Points. Emergency medical transport qualifications. Demonstrated history of delivering analogous primary patient transport services at an ALS level similar to that required in this RFP, for a population similar in size and demographics to that of Multnomah County. All of the points will be awarded to the most qualified bidder under the following evaluation criteria; other bidders will receive fewer points:
- a. Provided 90% or more of all ALS transports
 - b. For a population of at least 250,000
 - c. For at least the two most recent years
 - d. Where the population is demographically similar to Multnomah County's population
 - e. Where the geography (such as rivers, highways, railroads, and other physical features) is similar to Multnomah County's geography
 - f. With one or fewer cases of inappropriate patient medical care per every 1,000 911-originated transports, as determined by an objective, independent third-party Quality Assurance process (such as the Quality Assurance Subcommittee of Multnomah County's Medical Advisory Board)
 - g. With one or fewer lawsuits or insurance settlements related to patient care per every 8,000 911-originated transports, and
 - h. With one or fewer collisions or other vehicle accidents per every 2,000 911-originated transports.

Exhibit E

EMT Supervisors

RFP page 25, in Personnel, § 1-B-c., add:

- (2) 5 Points. EMT Supervisors. Each to be an EMT-4, ACLS and PHTLS certified, with at least four years' experience as an EMT-4 delivering hands-on care in the field and at least two years of EMS/EMT managerial experience or training, all such experience to be gained with a service on company which receives at least 20,000 emergency calls per year.

Proposed EMT Supervisors may be under contracts contingent upon the proposer being selected as the ultimate provider, or under existing, non-contingent contracts. By submitting a proposal, each proposer agrees that it shall not take any retaliatory or disciplinary action against any employee who enters into such a contingent contract because of that contract, and its employees are the acknowledged third-party beneficiaries of that agreement.

Exhibit F

Education and Training

RFP page 27, in Medical, add new section 3-B:

- (2) 5 Points. EMT-4 Continuing Education and Training.
All the points will be awarded to the bidder with the best history of EMT-4 continuing education and training programs under the following criteria; other bidders will receive fewer points. ("ACLS" means Advanced Cardiac Life Support; "PHTLS" means Pre-Hospital Trauma Life Support):
- a. Every EMT-4 (beyond each EMT-4's first six months of employment) ACLS certified;
 - b. Every EMT-4 (beyond each EMT-4's first six months of employment) PHTLS certified;
 - c. At least 10% of all EMT-4s certified as ACLS instructors;
 - d. At least 25% of all EMT-4s certified as PHTLS instructors;
 - e. At least 35 hours per month of training, performed by the bidder's training officer or a physician, regarding ALS medical and patient care protocols.

Exhibit G

Full Costing

March 1, 1988 draft:

"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 actual cost to provide service. Incremented costing will not be considered as meeting this requirement. If cost and revenue figures are not adequately validated the proposal will be judged non-responsive." (emphasis in original)

May 5, 1988 draft:

"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."

Proposal: return to March 1, 1988 language.

DATE SUBMITTED July 14, 1988

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. R-16

REQUEST FOR PLACEMENT ON THE AGENDA *cont'd 7/28/88 R-15*

Subject: RFC and RFP for Emergency Ambulance Service

Informal Only* _____
(Date)

Formal Only July 28, 1988
(Date)

DEPARTMENT Human Services

DIVISION Health

CONTACT Joe Acker

TELEPHONE 248-3674

*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.

Order approving request for credentials and requests for proposals for emergency ambulance service for Multnomah County

(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 _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Bladys 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.

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

In the Matter of Approving	)	ORDER APPROVING REQUEST
a Request for Credentials and	)	FOR CREDENTIALS AND
Requests for Proposals for	)	REQUESTS FOR PROPOSALS
Emergency Ambulance Service	)	FOR EMERGENCY AMBULANCE
	)	SERVICE FOR MULTNOMAH
	)	COUNTY

WHEREAS, the EMS Policy Board recommended adoption of an Ambulance Plan that divides Multnomah County into two ambulance service areas and has recommended that the service providers be selected by a competitive bid process; and

WHEREAS, the Board of Commissioners has adopted the Plan; and

WHEREAS, in order to implement the plan, it is necessary to issue a Request for Credentials (RFC) and Requests for Proposals (RFPs) to potential service providers; and

WHEREAS, the Emergency Medical Services Policy Board has reviewed such documents and has recommended approval of them, NOW THEREFORE

IT IS HEREBY ORDERED that the RFC AND RFPs attached hereto and marked Exhibits A, B and C are approved.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

By _____
Gladys McCoy
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By  _____
Laurence Kressel
County Counsel

1393R/dm
061088:3:1



CITY OF

PORTLAND, OREGON

DEPARTMENT OF PUBLIC SAFETY

15
R-20
Dick Bogle, Commissioner
1220 S.W. Fifth Avenue
Portland, Oregon 97204
(503) 248-4682

July 19, 1988

Chairwoman Gladys McCoy
1021 S.W. 4th Avenue
Portland, Oregon 97204
Chairwomen McCoy:

Gladys
Dear Chairwomen McCoy:

This letter is in response to a June 27 draft document on Emergency Ambulance Transport Costing. The issue being raised is what will be the definition of cost that is used in the RFP for ambulance transport. There are several points that I would like to make that are relevant to this discussion.

1. Early in the process of moving toward a consolidated emergency ambulance transport system, it was stated by the EMS Policy Board that all four participants in the current system would not be denied the opportunity to bid. The concern of the majority of participants was that the RFP could be so constructed to make it highly unlikely, if not impossible, for them to be successful bidders. The EMS Policy Board assured those providers that this would not happen.
1. The process to construct the RFP was a very open one, with all sides represented. All interests were given repeated opportunities to comment, testify and encourage their point of view before the committee. The final document is a result of this compendium of viewpoints. The RFP from the Construction Committee was adopted whole by the EMS Policy Board, with the only addition being to the cost worksheet. These additions were proposed by an accountant hired by Buck Medical Services. The additions clarified the costing worksheet. At no time, however, was the subject of methodology introduced. It was my understanding that the issue for methodology had been discussed by the RFP construction committee and that their position vis a vis methodology was to allow the cost worksheet to perform that function.

Page 2

3. Care and AA Ambulance were successful in acquiring an injunction against the single ASA plan on three points of State, County, and City law. However, they were not granted relief in the area of process. I believe that it is because of the openness of the work done by the RFP construction committee. For this reason, I was hesitant to change the final product of the committee.

For these reasons I am asking you to leave the issue of costing methodology alone. To change the methodology to a required one of proportional costing at this time, would show a bias against one participant in the process - the Portland Bureau of Fire, Rescue, and Emergency Services (PFB). If the proposed proportional methodology is adopted the PFB will not, they have informed me, be a participant in the bidding.

I have had only one concern throughout this process - to achieve the lowest possible rates while continuing to provide the same level or better of emergency ambulance transport for patients. I believe this can best be achieved through ensuring that the RFP's are completed by as many participants as possible. I know you will continue to work towards the best possible ambulance system for Multnomah County.

Sincerely,



Dick Bogle, Commissioner
Department of Public Safety

DB:ug

July 21, 1988

To: Joe Acker
From: Pauline Anderson, Polly Casterline
Re: R-15 and R-16

The following are changes we would like to consider making in the ASA Plan and the RFC and RFP documents. We would like for you to develop appropriate language (where not already done) to implement these changes and discuss your reactions to them at next Tuesday's informal. Please distribute the specific language you develop to the interested parties, so they can comment on these ideas at next week's Thursday formal meeting.

1. 2 ASAs with 2 winners

Adopt changes to RFP and ASA plan listed in memo from EMS office

2. Require proportional costing

Adopt appropriate language incorporating the approach suggested by the EMS Office.

Insure that the cost of ALS vehicles and EMT4s currently in the Fire budget which would be used as part of the EMS service are included by Fire as part of their bid.

3. Require Affirmative Action plan

"Bidder must present proof of a current affirmative action plan approved by the U.S. Department of Labor, and compliance with that plan".

4. Revise points Awarded Price

Revise base rate. Current base rate of approximately \$225 BLS and \$355 ALS. Subtract 10% for anticipated savings and set base at \$200 BLS and \$325 ALS. Adjust add on and penalty points.

a A BLS flat rate of \$200 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 \$200 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$300 will be penalized by deducting 2 points for each ten dollar increase.

b. An ALS flat rate of \$325 will be awarded 30 points. For each ten dollar increase in the rate, 2.5 fewer points will be awarded. A flat rate of less than \$325 will be awarded 1 additional point for each ten dollar decrease. A flat rate of more than \$450 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 2 fewer points will be awarded.

PERFORMANCE PREDICTORS

The following are a list of possible performance predictors.

5. Require performance objective on EMT training

EMT Education and Training 5 points. EMT-4 Continuing Education and Training.

ACLS means Advanced Cardiac Life Support, PHTLS means Pre-Hospital Trauma life Support, and BTLS means Basic Trauma Life Support

- a. All EMT-4s (beyond each EMT-4's first six months of employment) ACLS certified;
- b. All EMT-4s (beyond each EMT-4's first six months of employment) PHTLS or BTLS certified;
- c. At least 10% of all EMT-4s certified as ACLS instructors;
- d. At least 10% of all EMT-4s certified as PHTLS or BTLS instructors;
- e. A history of at least 35 hours per month of training, performed by the proposers' training officer or a physician, regarding ALS medical issues and patient care protocols or case reviews

The documentation of the thirty-five hours must be furnished and include date, time, number of participants, subject matter, and location. The hours must be documented for the last two years.

Five points will be awarded if the proposer meets all of the above. If the proposer only partially meets the above, fewer points will be awarded with each area met contributing one point.

6. Field Supervisor Credentials

5 points. EMT Supervisors' qualifications. Each to be an EMT-4, ACLS, and PHTLS certified, with at least four years' experience as an EMT-4 delivering hands-on care in the field and also demonstrating at least two years of EMS/EMTS managerial experience or training, all such experience to be gained in a system of at least 20,000 emergency calls per year. Potential supervisor will be identified by qualification, but not by name.

7. Quality Assurance

Could use language currently in credentialing document and award points for performance above the minimum.

8. Public Education

9. Financial Stability

Clackamas County and other RFPs give points for stability and security indicators above the minimum required in the RFP. Consider some objective standards for awarding points for enhanced financial stability.

10. Record of Satisfactory Service in Providing Emergency medical care and transport qualifications.

20 points Four points will be awarded for each category that is met. Proof of each category compliance must be furnished through out of company validation (i.e. insurance company, Better Business Bureau, etc.)

- a. one or fewer written complaints regarding a patient's medical care made either to the provider or to its regulatory agency(ies) per every 500 911-originated responses
- b. one or fewer lawsuits or insurance settlements related to patient care per every 2,000 911-originated responses, and
- c. one or few collisions (which require a state accident report be filed) or other vehicle accidents per every 1,000 911-originated responses
- d. one or fewer Workers Compensation Claims filed per 1,000 911 originated responses
- e. one or fewer personnel grievances filed per 2,000 calls

DETAILS TO CLARIFY

11. Four year Contract

Because this is a possible interim step, remove optional one year extension language. Reexamine in four years whether to bid one ASA.

12. Clarify Automatic Vehicle locator

Clarify in RFP that with two winners, each will be asked to only pay half of capital costs of AVL system (estimated to be \$75,000 for each provider)

13. Require specific contract accompanying RFP

14. Change to ASA Plan

Make clear that consolidation of dispatch should occur at the BOEC, not at the Fire Dept.

"The goal is that the first responders and ambulances of each ASA will be dispatched by the same dispatch point (BOEC).

There will be uniformity in application of all rules, protocols, and SOPs between the two ASAs."

Consistent with City Auditor's report.

OTHER ITEMS

1. Selection Process

Clarify how Committee will actually select two bidders. Are they bound by the bidder with highest point totals.

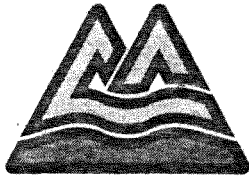
2. Overall point sheet

Please provide a one page sheet listing how points will be awarded. Be prepared to discuss the rationale for the distribution of points among the categories.

3. Review how Hooper Contract will operate

4. Add to Department's Legislative Agenda that the State Legislature amend the pertinent language clearly to permit a county to have a single ASA area.

This clarification would be helpful to other counties (especially less populous counties where two areas is very impractical).



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 21, 1988

Ms. Gladys McCoy, Chair of the Board
1021 SW Fourth, Room 134
Portland, OR

Dear Ms. McCoy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

Joint Resolution of the Board of Commissioners)
of Multnomah County and Columbia County, in the) RESOLUTION
Matter of Recommending State and Federal Funds to) #88-128
be Used to Complete the Sturgeon Lake Restoration)
Project R-17)

Commissioner Casterline explained this is a joint project with Columbia County for restoring life to Sturgeon Lake which has silted up. She moved approval, duly seconded by Commissioner Kafoury.

Following reading of the NOW, THEREFORE, BE IT RESOLVED, by Commissioner Casterline, the motion was considered, and it is unanimously

ORDERED that said Resolution be approved.

Commissioner Anderson noted that Multnomah County has already put \$47,000 into this project, and that other agencies have also contributed funds. This contributed money will be wasted should the project not be continued, so she hopes the State and Federal governments will feel it necessary to complete this project.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance

DATE SUBMITTED 7/14/88

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. R-17

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Sturgeon Lake

Informal Only* _____
(Date)

Formal Only 7/21/88
(Date)

DEPARTMENT County Chair DIVISION _____

CONTACT Fred Neal TELEPHONE 248-3308

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Fred Neal

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

Resolution urging State and Federal action to complete restoration of Sturgeon Lake as a natural recreational and economic resource to Multnomah and Columbia counties.

88-128

(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 20 minutes

IMPACT:

☐ PERSONNEL
☐ FISCAL/BUDGETARY
☐ General Fund

☐ Other _____

To original
Fred Neal
7/22/88

SIGNATURES:

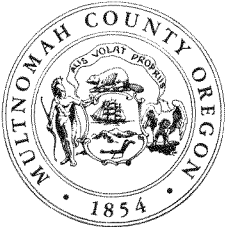
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys McCoy^{td}

BUDGET / PERSONNEL 1

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) John T. Bay

OTHER _____
(Purchasing, Facilities Management, etc.)

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



GLADYS McCOY, Multnomah County Chair

Room 134, County Courthouse
1021 S.W. Fourth Avenue
Portland, Oregon 97204
(503) 248-3308

M E M O R A N D U M

TO : Barbara Jones
FROM : Delma *Delma*
DATE : September 29, 1988
RE : Sturgeon Lake Joint Resolution

BJ - Fred asked that I forward this to you for safekeeping.

Please note that Columbia County chose to keep the original document, this is a copy. Please advise if you need me to do something else with this.

BOARD OF
COUNTY COMMISSIONERS
1988 SEP 30 PM 12:43
MULTNOMAH COUNTY
OREGON



GLADYS McCOY, Multnomah County Chair

Room 134, County Courthouse
1021 S.W. Fourth Avenue
Portland, Oregon 97204
(503) 248-3308

*Fred,
Joint Res →
County Res. attached
J. Butler*

FN
AUG 6 1988

July 26, 1988

Mr. Mike Sikes
Columbia County Courthouse
Room 331
St. Helens, Oregon 97051

Dear Mike:

Here are the attachments for the Sturgeon Lake Joint Resolution.
Please send an executed copy to me and I will take care of filing it with
our Clerk of the Board.

Sincerely,

Fred R. Neal
Intergovernmental Relations
Officer

FRN:ddf
Encl.

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR COLUMBIA COUNTY, OREGON

In the Matter of Recommending that)
State Marine Board funds not be)
Used to Complete the Sturgeon Lake)
Restoration Project)

89-88
RESOLUTION NO.

WHEREAS, the Oregon State Marine Board has been approached for the use of their funds to be used for the Sturgeon Lake Restoration Project; and

WHEREAS, the Fish and Wildlife Commission has prohibited overnight boat anchorage all year around; and

WHEREAS, the use of the Lake by boats and overnight anchorage, not camping on land, would pose no water fowl problems during non-critical months, May through September; and

WHEREAS, the Lake in the past has been an overnight facility used by boaters;

NOW, THEREFORE, be it resolved that Columbia County support the completion of the project, but without the use of State Marine Board funds so long as the non-use and no overnight anchorage rules are in effect.

DATED at St. Helens, Oregon this 27th day of July, 1988.

BOARD OF COUNTY COMMISSIONERS FOR
COLUMBIA COUNTY, OREGON

By: Michael Dykes
Chairman

By: Not present
Commissioner

By: J. L. R. R. R.
Commissioner

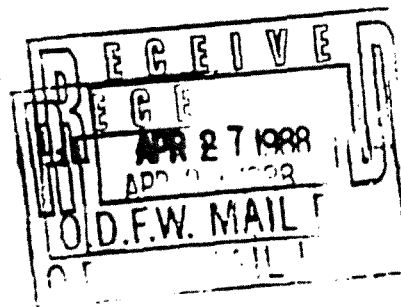
Cost/Benefit Analysis

March 31, 1987

Sturgeon Lake Project

Present Value of Benefits - Without Project

5 year average recreation use days = 501,469
5 year average hunting use days = 11,281
5 year average fishing use days = 148,950
5 year average other use days = 341,238



Based on 1986 data, Sturgeon Lake accounts for 56% of total Management Area recreation use days.

Dollar Value by Activity

		<u>MGT. AREA</u>		<u>Sturgeon Lake</u>
Hunting	= 11,281 x 13	= \$ 146,653	x .56	= \$ 82,125
Fishing	= 148,950 x 12	= 1,787,400	x .56	= 1,000,944
Other	= 341,238 x 3.50	= <u>1,194,333</u>	x .56	= <u>668,826</u>
	TOTAL	= \$3,128,386		\$1,751,895

Total value for Sturgeon Lake @ 56% of Mgt. Area = \$1,751,895

The value per visitor day = \$6.24

Projected Value of Benefits - With Project

If the project is completed and Sturgeon Lake remains an attraction for hunting, fishing and general recreation activities, a gradual increase in use can be expected. A statistical projection based on existing data shows an increase in the average number of visitor days for the next five years of 98,731. Presumably, an increase would not occur if the project was not built. Instead, the use would stabilize in the next few years as it approaches the saturation level for the facilities. Then there would be a gradual decline in use as the lake shrinks and becomes shallower with an accelerating decline the nearer the lake approaches uselessness. (Useless in terms of hunting, fishing and water-related activities.)

The average annual number of visitor days for the next five-year period (1987-91) is 600,200. Assuming a value of \$6.24/visitor day, the value would be $6.24 \times 600,200 = \$3,745,248$. The Sturgeon Lake amount would be 56% of that amount, or \$2,097,338. The difference in benefits between "with project" values and "without project" values = $\$2,097,338 - \$1,751,895$ or \$345,443.

Costs

The total cost of the project amortized at 7.75% over 25 years, plus an amount for operation and maintenance, is the cost assumed for this analysis. The interest rate and term (usable life) are consistent with federal channel projects.

Construction Cost	=	\$611,671
O & M @ 1 1/2%	=	9,175
Annual Amortized Cost	=	56,081
O & M	=	<u>9,175</u>
Total Annual	=	\$ 65,256

Benefit/Cost Ratio

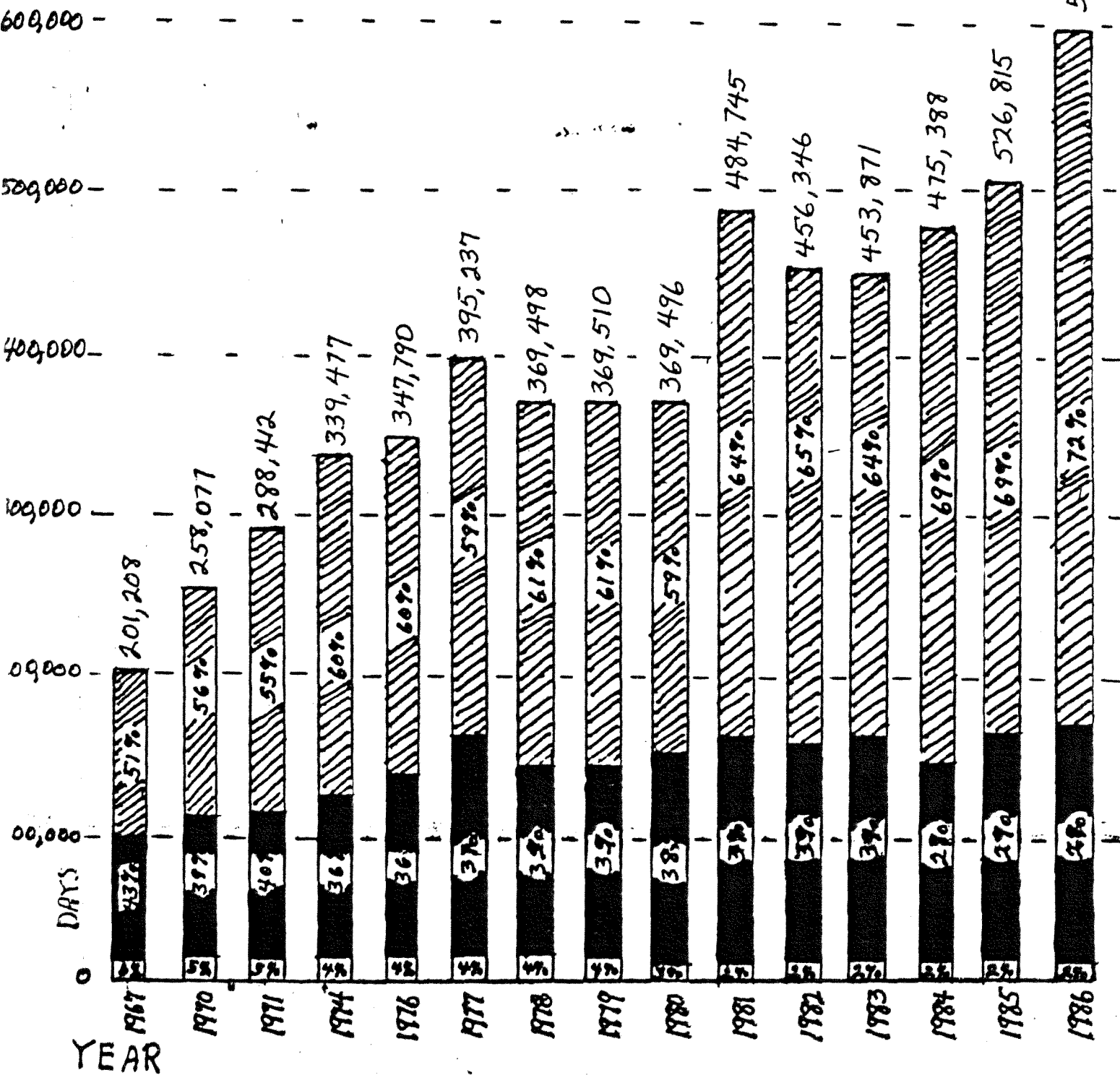
Comparing the benefits to the costs yields a ratio of $345,443 \div 65,256 = 5.29$. The Benefit to Cost Ratio is rounded to 5:1.

4/1/87

0472S

LAKE ISLAND WILDLIFE AREA RECREATIONAL USE DAYS

Hunting
 Other
 Fishing



Ray Johnson
 ODFWS

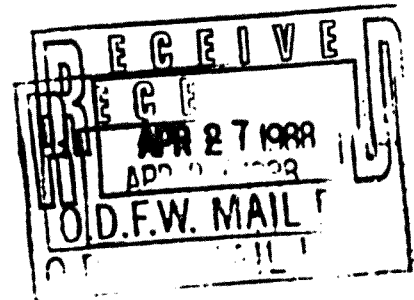
Cost/Benefit Analysis

Sturgeon Lake Project

March 31, 1987

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Costs

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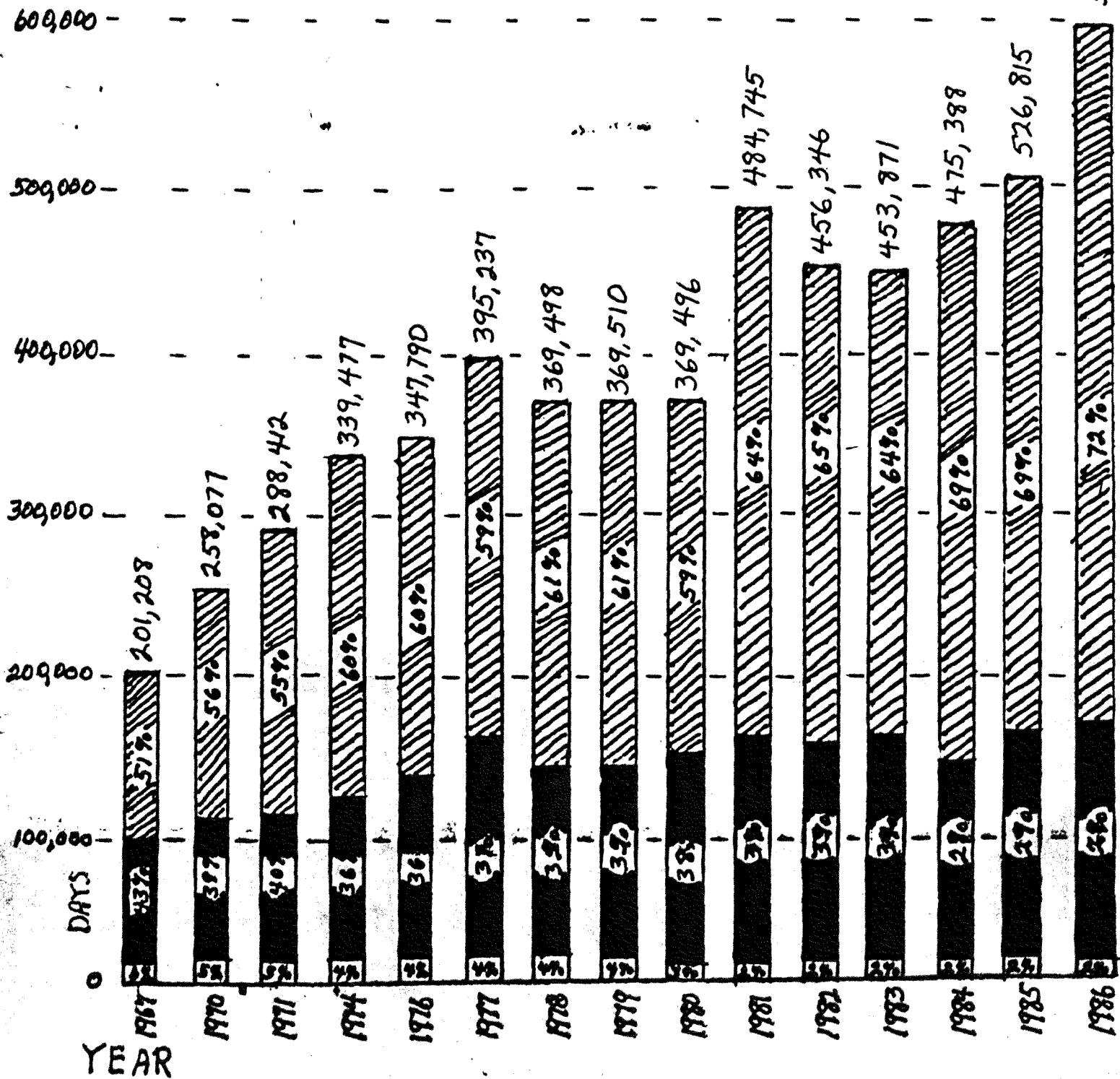
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4/1/87

0472S

WIE ISLAND WILDLIFE AREA RECREATIONAL USE DAYS

Hunting
 Other
 Fishing



Ray Johnson
 ODFWS



PAULINE ANDERSON ● District 1 ● 248-5220
GRETCHEN KAFOURY ● District 2 ● 248-5219
CAROLINE MILLER ● District 3 ● 248-5217
EARL BLUMENAUER ● District 4 ● 248-5218
GORDON SHADBURNE ● District 5 ● 248-5213

AN EQUAL OPPORTUNITY EMPLOYER

DATE SUBMITTED 7/14/88

(For Clerk's Use)
Meeting Date 7/21/88
Agenda No. R-18

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Names Project Quilt

Informal Only* _____
(Date)

Formal Only 7/21/88
(Date)

DEPARTMENT Chair's Office DIVISION _____

CONTACT Fred Neal TELEPHONE 248-3308

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Elizabeth Waters

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

Resolution proclaiming the week of July 25-31 as Names Project Quilt Week, in honor of quilt display at Chiles Center July 28-30

88-129

(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 5 minutes

IMPACT:

☐ PERSONNEL
☐ FISCAL/BUDGETARY
☐ General Fund

☐ Other _____

*original
to Fred Neal (Returned)
7/22/85*

SIGNATURES:

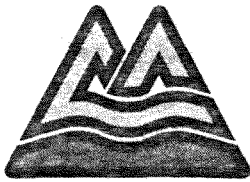
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys McCoy

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.



MULTNOMAH COUNTY OREGON

13-14
5161

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 21, 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 21, 1988, the following action was taken:

Budget Modification Nondepartmental #1 making an)
appropriation transfer in the amount of [\$10,000])
\$5,000 from General Fund Contingency to Juvenile)
Justice, County Supplements, for interim funding)
of Project Way (Outward Bound) in order that it)
can continue at the same service level as in the)
past while attempting to raise private funds) R-19

Commissioner Casterline moved approval, duly seconded by
Commissioner Anderson.

Commissioner Kafoury explained the reason this budget modification is on this week, is because the Board questioned why it was not held for the next Contingency review to be held in September. She said the Board had heard there had been a large subsidy given by Fred Meyer, Inc., and there is some question about why the Board is being asked to contribute at this time.

Commissioner Anderson said she had intended to place the matter before the Board in June, but had forgotten to do so.

Dave McNeil, Youth at Risk Program Director and Outward Bound representative, explained that if the organization does not raise \$30,000 before the first of the year, the program will have to reduce its spring operating funds. The money in excess of County contributions, will be provided through private sources; and though a large contribution from Fred Meyer, Inc. has been received, it is necessary to prove there is local government support for the program. Though the money is not needed until spring, County commitment is needed now. Future funding will be requested from the Juvenile Services Commission and the Youth Project Office to provide permanent funding. He urged the Board to provide funding until other sources can be acquired.

Following discussion, Commissioner Miller suggested that if the Board approves the request, and private funding does not reach the \$30,000 goal, the money be returned to the County.

Mr. McNeil agreed the grant could include that condition.

Commissioner Miller said she feels there should be a condition attached to any County grant, and recommended the \$10,000 request be reduced to \$5,000.

Following further discussion, Commissioner Anderson said she would not object to reducing the request to \$5,000.

Commissioner McCoy stated she will not support the matter today because the Board agreed Contingency Fund requests would be held until September.

Commissioner Casterline amended the motion, duly seconded by Commissioner Anderson, and it is:

ORDERED that said request be reduced to \$5,000 with the condition that the money be returned should the private contributions not reach \$30,000; and that budget modification be implemented. Commissioner McCoy voting NO.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Juvenile Justice
Commissioner Anderson

BUDGET MODIFICATION NO. NOND 1

(For Clerk's Use) Meeting Date 7/21/88
Agenda No. B-79

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR July 21, 1988

(Date)

DEPARTMENT DHS

DIVISION Juvenile Justice

CONTACT Bill Farver

TELEPHONE 248-3740

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Pauline Anderson

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Project WAY (Outward Bound)

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

[] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Outward Bound received a three year grant in 1987 from the Fred Meyer Charitable Trust to test the effectiveness of Project WAY, an Outward Bound experience for juvenile offenders. Their funding is reduced for the second year and will be reduced further for the third year. They plan to seek State funding for the continuation of the program, but need interim funding to continue the program at the same service level during the 1988-89 year. They seek County funds as a show of support in attempting to raise private funds.

To Budget 7/22/88

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

Reduce the Contingency by \$5,000 (reason for the change stated above.)
~~\$10,000~~

BOARD OF
CLATSOP COUNTY COMMISSIONERS
1988 JUL 13 AM 10:33
CLATSOP COUNTY
OREGON

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of 7-12-88) \$
(Specify Fund) (Date)
After this modification \$

Originated By

Date

Department Director

Date

Pauline Anderson

7-12-88

Finance/Budget

Date

Employee Relations

Date

David C. Darr

7/13/88

Board Approval

Barbara E. Jones

Date

7/21/88

Reduced to \$5,000

EXPENDITURE
TRANSACTION EB []

GM [] TRANSACTION DATE_____

ACCOUNTING PERIOD _____

BUDGET FY_____

Document
Number

Action	Fund	Agency	Organi- zation	Activity	Reporting Category	Object
--------	------	--------	-------------------	----------	-----------------------	--------

Current
Amount

Revised
Amount

Change
Increase
(Decrease)

Sub- Total	Description
---------------	-------------

[illegible]REVENUE
TRANSACTION RB []

GM [] TRANSACTION DATE_____

ACCOUNTING PERIOD _____

BUDGET FY_____

Document
Number

Action Fund	Agency	Organization	Activity	Reporting Category	Revenue Source
-------------	--------	--------------	----------	--------------------	----------------

**Current
Amount**

Revised
Amount

Change
Increase
(Decrease)

Sub- Total	Description
---------------	-------------

[illegible]

REQUEST FOR GENERAL FUND CONTINGENCY TRANSFER

1. Attachment to Bud Mod No. NonD 1 2. Amount requested from General Fund Contingency: \$10,000

3. Summary of request:

See Bud Mod

RECEIVED
COUNTY CLERK
JUL 14 1988
PM 12:00
CLATSOP COUNTY
OREGON

4. Has the expenditure for which this transfer is sought been included in any budget request during the past five years? Yes If so, when? June, 1988
If so, what were the circumstances of its denial?

It was inadvertantly not moved for consideration.

5. Why was this expenditure not included in the annual budget process?

It was raised during the budget process, but was not acted upon.

6. What efforts have been made to identify funds from another source within the Department, to cover this expenditure? Why are no other Departmental sources of funds available?

Current funding is from the Fred Meyer Charitable Trust.
The applicant is looking for one-time-only money from the County to leverage other private contributions to maintain Project WAY at the current service level.

7. Describe any new revenue that this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.

Project WAY is a research project which will determine the feasibility of an outward bound type of program as an alternative to detention for juveniles. If successful, this approach could save the state and county money currently used to detain, treat and supervise juveniles.

8. This request is for a (Quarterly _____, Emergency X) review.

9. FOR EMERGENCY REQUESTS ONLY: Describe in detail on an additional sheet the costs or risks that would be incurred by waiting for the next quarterly review, in justification of the emergency nature of this request.

10. Attach any additional information or comments you feel helpful.

Pauline Anderson
Signature of Department Head/Elected Official

7-14-88
Date

#9. If consideration postponed until quarterly review, Project WAY's fund raising efforts will be delayed/undermined to some degree. They will have to scale back this year's program if additional funds not forthcoming from the county and private sources.

July 21, 1988

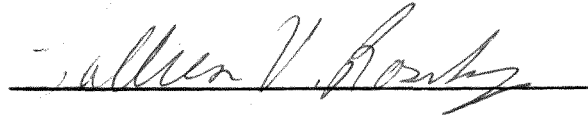
RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION NOND #1 REDUCED TO \$5,000 AND APPROVED.

R-19

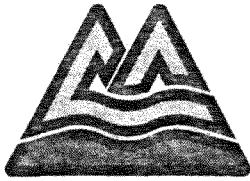


Form CC-2 PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE

BOARD OF
COUNTY COMMISSIONERS

1988 JUL 29 PM 12:43

MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

14
5/16/1

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 21, 1988

Ms. Gladys McCoy, Chair of the Board
1021 SW Fourth, Room 134
Portland, OR

Dear Ms. McCoy:

Be it remembered, that at a meeting of the Board of County Commissioners held July 21, 1988, the following action was taken:

In the matter of ratification of an intergovern-)
mental agreement with the City of Portland)
wherein the County provides financial support)
(\$60,000) for the City's annexation effort for)
period through June 30, 1989 R-20)

Commissioner Kafoury submitted a substitute page 2 of the agreement, and explained it changes the language in the description of responsibility from "[total] amount of \$60,000" to "annual amount of \$60,000". She moved approval including the new substitute page, duly seconded by Commissioner Anderson, unanimously

ORDERED that said intergovernmental agreement, as amended, be ratified.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board BQ

jm
cc: Budget
Finance
Purchasing
Harriet Weber

DATE SUBMITTED July 14, 1988

(For Clerk's Use)

Meeting Date 7/21/88
Agenda No. R-20

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: IGA-Urban Services / Annexation Support

Informal Only* July 19, 1988
(Date)

Formal Only July 21, 1988
(Date)

DEPARTMENT Chair DIVISION _____

CONTACT Grant Nelson TELEPHONE 248 3308

*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD Susan McPherson/Grant Nelson

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

Request approval of an intergovernmental agreement with the City of Portland wherein the County provides financial support for the City's annexation effort in the amount of \$60,000.

(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 2 minutes

IMPACT:

☐ PERSONNEL

☒ FISCAL/BUDGETARY

☒ General Fund

☐ Other _____

*Original to
Grant Nelson
7/21/88*

CLERK OF
COUNTY COMMISSIONERS
1988 JUL 14 AM 11:38
MULTI-COUNTY
OREGON

SIGNATURES:

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

BUDGET / PERSONNEL Malinda J. Talty

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) John DeBo

OTHER _____
(Purchasing, Facilities Management, etc.)

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

EXHIBIT A

INTERGOVERNMENTAL AGREEMENT CITY OF PORTLAND/MULTNOMAH COUNTY

THIS AGREEMENT, entered into as of this 30th day of June 1988, by and between the Multnomah County Board of Commissioners, hereinafter referred to as the "County" and the City of Portland Office of Fiscal Administration, Urban Services Program, hereinafter referred to as the "City."

RECITALS

1. The basic responsibilities of the Urban Services and Annexation programs are to provide for annexation and the delivery of urban services in the urban unincorporated areas of Multnomah County when residents and property owners within an area desire to annex to the City of Portland.

2. The Urban Services/Annexation Program will make it possible to implement the City's Urban Services Policy and Multnomah County's Resolution "A" by means of annexation. The program will also provide City/County service information prior to and immediately following the annexation of an area.

NOW, THEREFORE, the parties agree as follows:

I. Term

The term of this Agreement shall be effective beginning when executed by both parties through June 30, 1989.

II. Scope of Work

Work activities include:

City of Portland

Description of Responsibilities:

- The manager of the Urban Services/Annexation Program will provide the following:

Products:

- A Work Plan and Phasing Maps;
- Quarterly progress reports to County Chair and Commission;
- An annual report to the Commission.

Communication:

- Send Bureau Review Notices to Multnomah County Chair's Office on upcoming annexations;

- Present an annual report presentation to Board Chair and Commission each January;
- Provide briefings to groups upon request of the County Chair's Office;
- Meet with County service providers when requested by the County Chair's Office to provide for smooth transition of services upon annexation.

Multnomah County

Description of Responsibilities:

- Pay to the City of Portland, Urban Services Division of the Office of Fiscal Administration a total amount of \$60,000 payable in equal installments when billed at the beginning of each quarter.
- Continue access to County Elections and County Taxation and Assessment and assistance in managing service transition;
- When requested through the Chair's Office, the County will provide speakers and/or information to be presented at public meetings in neighborhoods where annexation efforts are underway.

III. Early Termination of Agreement

City or County may terminate this Agreement by written notification at the end of a quarter, i.e. September 30, December 31, March 31, June 30, notification sent not later than 30 days before the end of any quarter. Termination shall be effective on the last day of a quarter during which notification is sent.

IV. Payment on Early Termination

In the event of termination under Section III, the County shall have no further obligations under this agreement.

V. Amendment to Agreement

The City and County may amend this Agreement from time to time by mutual written agreement.

- Present an annual report presentation to Board Chair and Commission each January;
- Provide briefings to groups upon request of the County Chair's Office;
- Meet with County service providers when requested by the County Chair's Office to provide for smooth transition of services upon annexation.

Multnomah County

Description of Responsibilities:

- Pay to the City of Portland, Urban Services Division of the Office of Fiscal Administration an ~~annual~~ amount of \$60,000 payable when billed at the beginning of each quarter. *Charged to total*
- Continue access to County Elections and County Taxation and Assessment and assistance in managing service transition;
- When requested through the Chair's Office, the County will provide speakers and/or information to be presented at public meetings in neighborhoods where annexation efforts are underway.

III. Early Termination of Agreement

City or County may terminate this Agreement by written notification at the end of a quarter, i.e. September 30, December 31, March 31, June 30, notification sent not later than 30 days before the end of any quarter. Termination shall be effective on the last day of a quarter during which notification is sent.

IV. Payment on Early Termination

In the event of termination under Section III, the County shall have no further obligations under this agreement.

V. Amendment to Agreement

The City and County may amend this Agreement from time to time by mutual written agreement.

IN WITNESS WHEREOF, the City and the County have executed this Agreement as of the date first above written.

City of Portland

Multnomah County, Oregon

By J.E. "Bud" Clark
Mayor, City of Portland

By Gladys McCoy
Multnomah County Chair

APPROVED AS TO FORM:

By Barbara Clark
City Auditor

By Laurence Kressel
County Counsel

APPROVED AS TO FORM:

By Susan J. McPherson
Project Manager

Jeffrey L. Rogers
Jeffrey L. Rogers
City Attorney for Portland,
Oregon

ORDINANCE No. 160976

*Authorizes an Intergovernmental Agreement between the City of Portland and Multnomah County in support of the Urban Services Program in Multnomah County. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. Resolution No. 34425, passed by Council April 27, 1988, adopted policies and directions for the future of the Urban Services Program within Multnomah County.
2. Resolution No. 34425 directed the City to work with Multnomah County to establish continued financial support and political partnership, and to clarify governmental service roles.
3. The Multnomah County Board of Commissioners has budgeted \$60,000 in FY 88-89 in support of the Urban Services Program.
4. The \$60,000 in support of the Urban Services Program has been recognized as a resource to the General Fund in the FY 88-89 Adopted Budget.

NOW, THEREFORE, the Council directs:

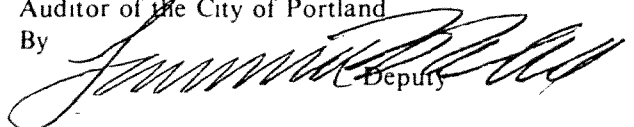
- a. The Mayor and Auditor are hereby authorized to execute an Intergovernmental Agreement, attached hereto as Exhibit A, with Multnomah County in support of the Urban Services Program in Multnomah County

Section 2. The Council declares that an emergency exists in order that the Urban Services Program may continue without delay; therefore, this Ordinance shall be in force and effect from and after its passage by the Council.

Passed by the Council, JUN 29 1988

Mayor Clark
SCB:JT
June 23, 1988

BARBARA CLARK
Auditor of the City of Portland
By


Deputy

Summary
by ✓ = 7 EMS Policy W

96 ✓ = ✓
EMS Policy W
62 A = 6 BCC

cor. c ✓.) 1 ✓ → 1 BCC Clerk

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CO / AA

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Notify

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

Index

A. Statement of Purpose	Page _____
B. Program Objective	Page _____
C. Background	Page _____
D. Proposer Instructions	Page _____
E. Proposal Elements	Page _____
1. Personnel	Page _____
2. Communications	Page _____
3. Medical	Page _____
4. Equipment	Page _____
5. Business Practice	Page _____
6. Safety Net	Page _____
F. Contract	Page _____
G. Evaluation Criteria	Page _____
H. Evaluation Procedure	Page _____
I. Attachments	Page _____
BLS/ALS Billing Criteria	Page _____
Rate Committee	Page _____
Definitions	Page _____

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
9. CHIERS contract
10. Mass Casualty Incident Plan
11. Quality Assurance Plan
12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
15. EMS Dispatch tape of dispatchers
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 279.336, 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 CHIEFS 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 CHIEPS 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	_____	_____

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, 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 MFD 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 3.7 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.

c. 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.

5-2 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 CHIEFS 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-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 (ELS)	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	

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 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/PLS 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 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 E) 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 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:

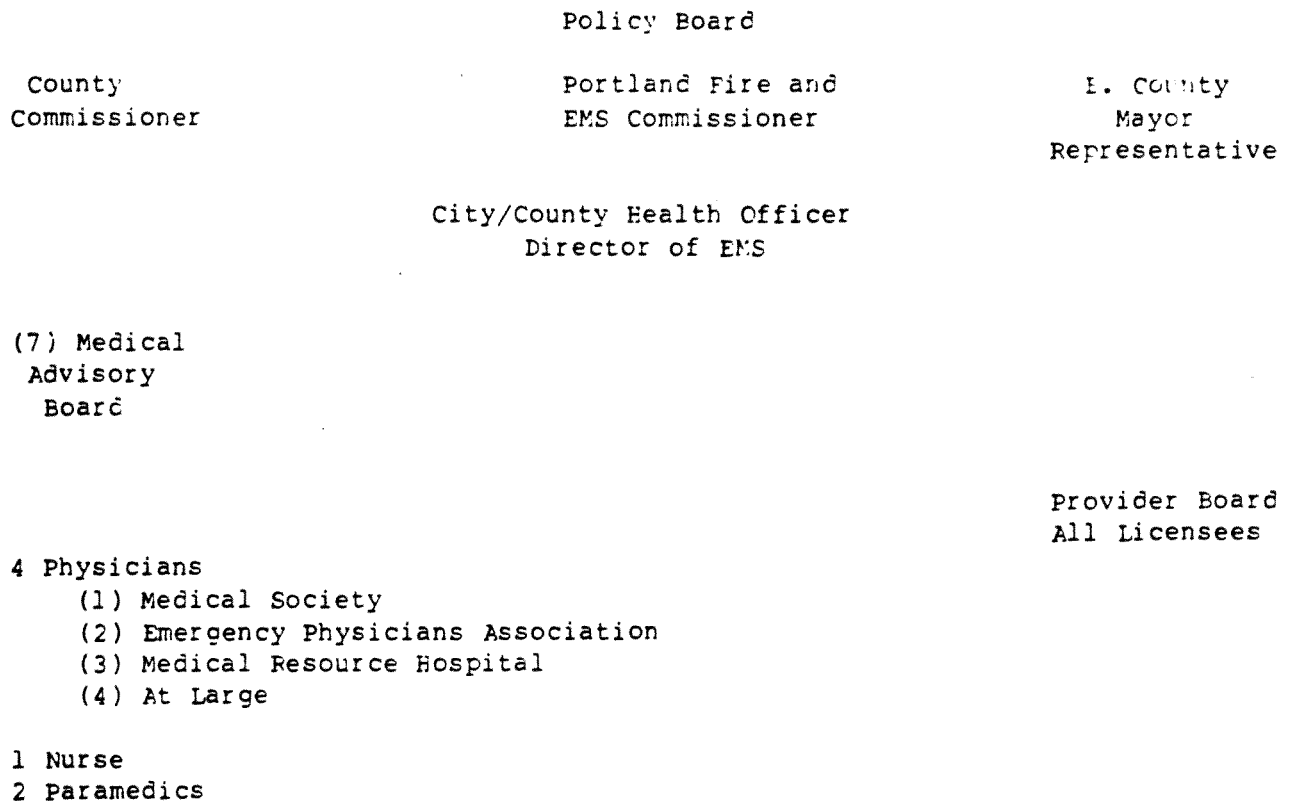
American Red Cross
American Heart Association
Area Hospitals
Private Companies

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



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
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

Index

A. Statement of Purpose	Page _____
B. Program Objective	Page _____
C. Background	Page _____
D. Proposer Instructions	Page _____
E. Proposal Elements	Page _____
1. Personnel	Page _____
2. Communications	Page _____
3. Medical	Page _____
4. Equipment	Page _____
5. Business Practice	Page _____
6. Safety Net	Page _____
F. Contract	Page _____
G. Evaluation Criteria	Page _____
H. Evaluation Procedure	Page _____
I. Attachments	Page _____
BLS/ALS Billing Criteria	Page _____
Rate Committee	Page _____
Definitions	Page _____

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
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
8. Area Trauma Advisory Board Trauma Plan
9. CHIFRS contract
10. Mass Casualty Incident Plan
11. Quality Assurance Plan
12. Oregon Health Division EMS rules
13. Multnomah County EMS rules
14. EMS Med-Net Communications System design
15. EMS Dispatch tape of dispatchers
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 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 PFP 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 CRS 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. CRS 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 AIS 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. 2 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.

2. 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 KFK1822E. 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/BLS 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:

	Full Cost (1)	Cost to 911
Contract (2)		
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	_____	_____

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 1

1. BLS rate with Medicare assignment.^a

2. ALS rate with Medicare assignment.^a

3. Standby charge for private events

(in addition to transport charge

if patient transported).^a

_____ hr.

^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 UPF capability on MED 1-4-7-9-10 and personnel alerting on MFD 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 ATAP 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 Pate 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.

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) (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	

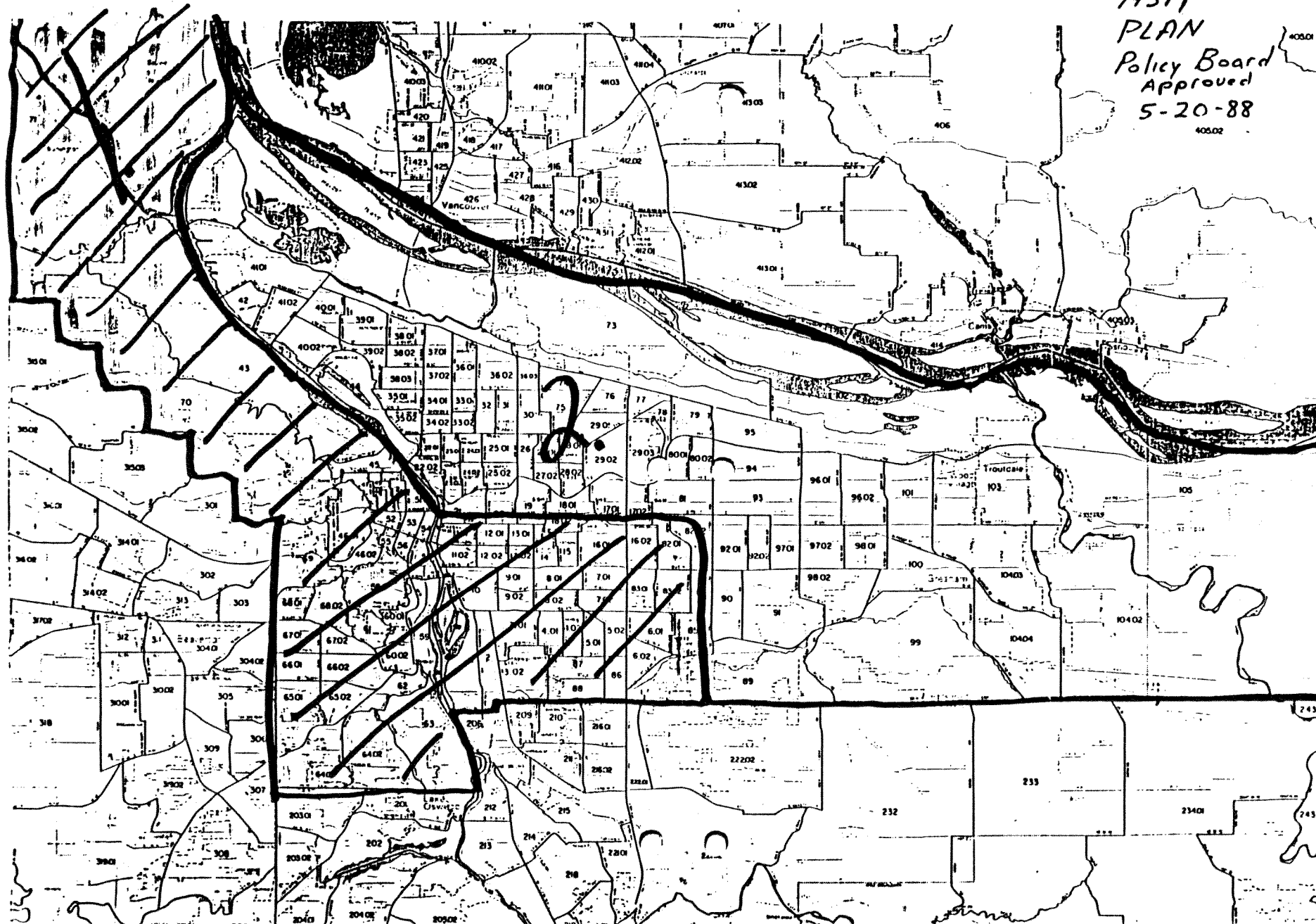
BLS and ALS protocols must serve as a standard of care. No patient must be denied appropriate care based upon a charge level. Also, no patient must be provided care beyond the BLS/ALS protocol standards to gain an additional charge level.

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, CFF, 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 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.

4050



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

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	

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.



MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES
COUNTY COUNSEL SECTION
1120 S.W. FIFTH AVENUE, SUITE 1400
P.O. BOX 849
PORTLAND, OREGON 97207-0849
(503) 248-3138

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

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COUNTY COUNSEL
LAURENCE KRESSEL

CHIEF ASSISTANT
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ASSISTANTS

JOHN L. DU BAY
SANDRA N. DUFFY
J. MICHAEL DOYLE
H. H. LAZENBY, JR.
PAUL G. MACKEY
MARK B. WILLIAMS

TO: Joe Acker
Director, EMS Program

FROM: Larry Kressel
County Counsel

DATE: June 13, 1988

RE: Draft Ordinance to Adopt Ambulance Plan
and Order to Adopt RFC and RFPs

I enclose (1) a draft ordinance to adopt the Ambulance Plan and (2) an Order to adopt the RFC and RFPs implementing the plan. Also enclosed are the plan and RFC/RFPs you gave me, as well as signed agenda-placement forms.

Please advise me as soon as possible when a date for the first reading of the ordinance has been set by the Board of Commissioners. In terms of order of adoption, the plan (ordinance) should first be adopted, followed by the RFC and RFPs (Orders).

Note that the ordinance adopting the plan becomes effective 30 days after adoption. Two readings of the ordinance are required. The Clerk of the Board can assist you in scheduling the readings.

1516R/dm

cc: Jane McGarvin
Barbara Donin
Dr. Gary Oxman

BOARD OF
COUNTY COMMISSIONERS
1988 JUN 14 AM 11:14
MULTNOMAH COUNTY
OREGON

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. _____

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

The plan provides, among other things, for the division of the county into two emergency ambulance service areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. . Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed.

Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this _____ day of _____, 1988, being the date
of its _____ reading before the Board of County Commissioners
of Multnomah County.

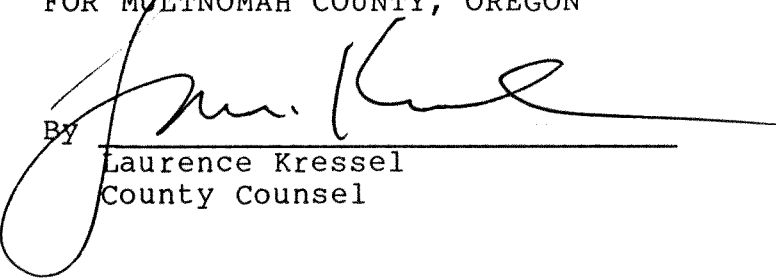
BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

By _____
Gladys McCoy
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By



Laurence Kressel
County Counsel

1431R/dm
061388:5:1

BEFORE THE BOARD OF COMMISSIONERS
FOR THE COUNTY OF MULTNOMAH

In the Matter of Approving	)	ORDER APPROVING REQUEST
a Request for Credentials and	)	FOR CREDENTIALS AND
Requests for Proposals for	)	REQUESTS FOR PROPOSALS
Emergency Ambulance Service	)	FOR EMERGENCY AMBULANCE
	)	SERVICE FOR MULTNOMAH
	)	COUNTY

WHEREAS, the EMS Policy Board recommended adoption of an Ambulance Plan that divides Multnomah County into two ambulance service areas and has recommended that the service providers be selected by a competitive bid process; and

WHEREAS, the Board of Commissioners has adopted the Plan; and

WHEREAS, in order to implement the plan, it is necessary to issue a Request for Credentials (RFC) and Requests for Proposals (RFPs) to potential service providers; and

WHEREAS, the Emergency Medical Services Policy Board has reviewed such documents and has recommended approval of them, NOW THEREFORE

IT IS HEREBY ORDERED that the RFC AND RFPs attached hereto and marked Exhibits A, B and C are approved.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

By _____
Gladys McCoy
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By  _____
Laurence Kressel
County Counsel

1393R/dm
061088:3:1

CHRISTOPHER P. THOMAS

ATTORNEY AT LAW
2000 S.W. 1ST AVENUE
SUITE 400
PORTLAND, OREGON 97201
TELEPHONE (503) 227-1116

BOARD OF
COUNTY COMMISSIONERS
1988 MAY 31 AM 9 01
MULTNOMAH COUNTY
OREGON

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,

A handwritten signature in cursive script, appearing to read "C. P. Thomas".

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 Acher'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

defibrillaters, 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.



MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES
COUNTY COUNSEL SECTION
1120 S.W. FIFTH AVENUE, SUITE 1400
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PORTLAND, OREGON 97207-0849
(503) 248-3138

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

M E M O R A N D U M

TO: Jane McGarvin
Clerk of the Board

FROM: Sandra Duffy *Sandy*
Assistant County Counsel

DATE: May 12, 1988

RE: Adoption of a Final Order from the
hearings officer In re AA Ambulance Run
#691-208769A Appeal

COUNTY COUNSEL
LAURENCE KRESSEL

CHIEF ASSISTANT
ARMINDA J. BROWN

ASSISTANTS

JOHN L. DU BAY
SANDRA N. DUFFY
J. MICHAEL DOYLE
H. H. LAZENBY, JR.
PAUL G. MACKAY
MARK B. WILLIAMS

CLERK OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON

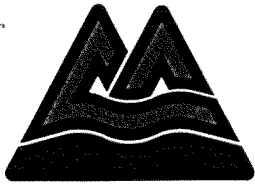
MAY 12 PM 12:41

I have enclosed a copy of a letter I am sending this date to B. B. Bouneff, the hearings officer in the above-referenced matter. I wanted to let you know that this Proposed Final Order will be coming to you, in accordance with MCC 6.31.180(H) (see Ordinance No. 573, Section 9), and that you will need to send out the required notices and set a hearing before the Board of County Commissioners.

If you have any questions, please give me a call.

1196R/dm

cc: Joe Acker, Directors of EMS



MULTNOMAH COUNTY OREGON

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PAUL G. MACKEY
MARK B. WILLIAMS

May 12, 1988

B. B. Bouneff
Attorney at Law
Bouneff, Chally & Marshall
The Logus Building
529 S.E. Grand Avenue
Portland, Oregon 97214-2276

Re: AA Ambulance Hearing of December 21, 1987

Dear Mr. Bouneff:

Enclosed is a form of a Proposed Final Order in the above-referenced matter. I have also enclosed a copy of Ordinance No. 573 which was adopted by the Board of County Commissioners on March 31, 1988. This ordinance revises some of the procedures involved in the hearings of Emergency Medical Services Rules violations; primarily, it substitutes the Board of County Commissioners for the EMS Policy Board as the body adopting the Final Order.

Based on legal research, I have determined that the new procedures apply to this hearing. See Hiersche v. Seamless Rubber Co., 225 F.Supp. 682 (D.C. Or. 1963) (when a change of law merely affects remedy or procedure, all rights are enforceable under the new procedure, without regard to whether they accrued before or after the change in law, and without reference to whether the litigation was instituted before or after the change). See also Holmes v. State Accident Insurance Fund, 30 Or. App. 145, 509 P.2d 1151 (1979); Marks v. Crow, 14 Or. 382, 13 P.55 (1887); 26 Op. Atty. Gen (1952-54) 153.

If this form of Proposed Final Order accurately reflects your decision, you should sign it and mail a copy of the proposed order to the EMS policy board in accordance with MCC 6.31.180(G). I would suggest, however, that you also send a copy to the Clerk of the Board of County Commissioners (Jane McGarvin) because MCC 6.31.180(H) requires the Clerk of the

B. B. Bouneff
May 12, 1988
Page 2

Board to notify the parties of the date when written exceptions to the proposed order must be filed and when oral argument may be made.

Thank you for your attention to this matter.

Sincerely,

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By Sandra Duffy
Sandra Duffy
Assistant County Counsel

1195R/dm
Enclosure

cc: Chris Thomas, Esq.
Jane McGarvin, Clerk of the Board
Joe Acker, Director of EMS

1 In the Matter of)
AA Ambulance) PROPOSED FINAL ORDER
2 Run #691/208769A)

3 This matter came on for hearing on December 21, 1987
4 before Hearings Officer B. B. Bouneff. AA Ambulance was
5 represented by its attorney, Christopher P. Thomas, and
6 Multnomah County Emergency Medical Services was represented by
7 its attorney, Sandra Duffy, Assistant County Counsel. After
8 hearing testimony of witnesses; reviewing documentary evidence
9 including tape recordings; reviewing legal memoranda of
10 counsel; hearing argument of counsel; and, considering the
11 relevant portions of the Multnomah County Code and the EMS
12 Rules, the Hearings Officer found, pursuant to MCC 6.31.180(G)
13 and in accordance with Attorney General's Model Rules of
14 Procedure Rule 137-03-070, as follows:

15 1. EVIDENCE.

16 Exhibits 1, 2, 7, 8, 9, 10, 11, 12, 14, 16, 17,
17 18, 19, 20, 21 and 22 are admitted into evidence. Exhibits 3,
18 4, 5, 6, 13 and 15 are not admitted into evidence.

19 2. FINDINGS OF FACT.

20 On April 13, 1987 AA Ambulance Unit Number 61
21 (AA61), an advanced life support (ALS) ambulance, left the
22 scene of an emergency response at 3:23 p.m. At 3:24 AA61 was
23 enroute to Providence Hospital with the patient when she began
24 to have a seizure. Emergency Medical Technician (EMT) Filler
25 had the driver, EMT Hernandez, stop and help position the
26 patient for life saving procedures.

1 A self dispatched call internal to AA Ambulance
2 was made by AA61 asking for backup. At 3:30 p.m. AA51, also an
3 ALS ambulance, informed Emergency Medical Services (EMS)
4 Dispatch Office that they were enroute to N.E. 7th and Alberta
5 to assist AA61. At 3:32 p.m. EMS dispatch office called AA
6 dispatch to find out what AA51 was doing. AA51 explained it
7 was backing up AA61. AA51 arrived at AA61's location and
8 dropped off an EMT from AA51 who drove the vehicle Code 3 to
9 Emanuel Hospital at 3:38 p.m.

10 At 3:39 p.m. AA51 informed EMS dispatch office
11 that it was out-of-service because his partner was with AA61.

12 I believe the crux of the matter is whether or
13 not the EMS Rules require specifically the crew of the
14 ambulance to request the EMS dispatch office for an additional
15 vehicle or whether such request could be from AA Ambulance's
16 dispatcher or other agent. It is also crucial as to whether or
17 not such dispatch of additional vehicle could be on the order
18 of other agencies other than the EMS dispatcher.

19 There was conflicting evidence regarding the
20 radio call from the crew of AA61 for backup. AA Ambulance
21 stated that the crew of AA61 called for a driver. The County
22 alleged that the request was for "a car Code 3" (an ALS
23 ambulance with two Emergency Medical Technicians, Class IV, on
24 board). While the three tape recordings are of terrible
25 quality, all three agree on the salient points. I find that
26 all three tapes indicate that the request was for a car Code 3,

1 and not for a driver.

2 However, I also find that the AA dispatcher and
3 the crew of AA51 (the backup ALS ambulance which responded to
4 AA61's request) did advise the EMS Central Dispatch office of
5 the request on the part of AA61 and the status of the two
6 vehicles.

7 3. CONCLUSIONS OF LAW.

8 a) AA Ambulance did not assert that it had the
9 authorization of the Emergency Medical Services Dispatch Office
10 prior to dispatching AA51 to backup AA61. It did assert,
11 however, that other provisions of the County Code and/or the
12 EMS Rules allowed such a dispatch. I find that AA Ambulance
13 violated EMS Rule 6.31.390(C)* by responding by ambulance to
14 an emergency call without the authorization of Emergency
15 Medical Services Dispatch Office or under any other provision
16 of MCC 6.31.

17 b) I find that AA Ambulance violated Multnomah
18
19
20

21 * EMS Rule 631-390(C) provides: "Prohibited activities.
22 No applicant or licensee, applicant's or licensee's
23 employee or any other person doing business as defined in
 MCC 6.31 shall:

24 * * *

25 (C) Respond by ambulance to an emergency call unless so
26 authorized by the Emergency Medical Services Central
 Dispatch Office or under MCC 6.31."

1 County Code 6.31.190(G)** by responding by ambulance to an
2 emergency call without the authorization of Emergency Services
3 Dispatch Office or under the authority of any other provision
4 of this ordinance or EMS Rule.

5 c) I find that AA Ambulance did not violate
6 MCC 6.31.190(F)*** because the AA dispatcher and crew of AA51
7 advised the EMS Central Dispatch Office of the request on the
8 part of AA61 and the status of the two vehicles.

9
10
11
12
13 _____
14 ** MCC 6.31.190 (G) provides: "Prohibited activities. No
15 applicant or licensee, applicant's or licensee's employe
16 or any other person doing business as defined hereunder
shall:

17 * * *

18 (G) Respond by ambulance to an emergency call unless so
19 authorized by the Emergency Medical Services Central
Dispatch Office or under a provision of this
20 ordinance or rule adopted hereunder."

21 *** MCC 6.31.190(F) provides: "Prohibited activities. No
22 applicant or licensee, applicant's or licensee's employe
or any other person doing business as defined hereunder
shall:

23 * * *

24 (F) Fail or refuse to promptly advise the Emergency
25 Medical Services Central Dispatch Office of receipt
26 of a request for emergency medical assistance or
when a licensee's ambulance becomes available or
non-available to respond to dispatch orders."

1 4. ORDER.

2 Based on my finding that AA Ambulance did violate
3 a County Code provision and an EMS Rule, I find that the fine
4 of \$250.00 on the part of the Director of Emergency Medical
5 Services (See Exhibit 7) is appropriate and order that it be
6 paid by licensee.

7 5. APPEAL RIGHTS.

8 a) Final Order. Pursuant to MCC 6.31.180(J),
9 the Board of County Commissioners (BCC) may accept the proposed
10 final order, modify it or reject it and prepare, or cause a
11 person designated by it to prepare a final order.

12 b) Reconsideration. MCC 6.31.184 provides that
13 the BCC may reconsider a final order upon the filing of a
14 petition for reconsideration within 15 days after issuance of
15 the order. If no action is taken by the BCC within 15 days
16 after the petition is filed, the petition shall be deemed
17 denied. If the petition is allowed by vote of the BCC, a
18 hearing on the reconsideration shall be held and an amended
19 order shall be issued.

20 c) Judicial review. Review of the action of
21 the BCC shall be taken solely and exclusively by writ of review
22 in the manner set forth in ORS 34.010 to 34.100.

23 ///

24 ///

25 ///

26 ///

1 THIS PROPOSED FINAL ORDER IS ADOPTED this ____ day
2 of _____, 1988.

3
4
5 B. B. Bouneff
 Hearings Officer

6 Submitted By:

7
8 Sandra Duffy 5-12-88
9 Sandra Duffy
10 Assistant County Counsel
 Of Attorneys for Multnomah County

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26 1182R/dm

Page 6 - PROPOSED ORDER

MULTNOMAH COUNTY COUNSEL
1120 S.W. Fifth Avenue, Suite 1400
P.O. Box 849
Portland, Oregon 97207-0849
Telephone (503) 248-3138

(Underlined sections are new or replacements; [bracketed] sections are deleted.)

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. 573

An Ordinance amending MCC Chapter 6.31 by making the EMS Policy Board advisory to the Board of County Commissioners, and ratifying rules adopted by the EMS Policy Board and declaring an emergency.

Multnomah County ordains as follows:

Section 1. Findings.

1. Ordinance No. 1229 (MCC Chapter 6.31) created the EMS Policy Board (EMSPB) and authorized it to adopt an ambulance plan and administrative rules and to hear appeals in matters concerning licensees.

2. In December 1986, the EMSPB directed its staff to prepare a plan establishing a single ambulance service area in Multnomah County to be served by a single provider. However, in December 1987, the Circuit Court ruled that the delegation of authority to the EMSPB to adopt a single ambulance service plan violated the Home Rule Charter.

3. The Circuit Court ruling is on appeal. However, in response to the portion of the ruling concerning the Home Rule Charter, the Board deems it advisable to revise the code to make the EMSPB advisory to the Board and to ratify the rules previously adopted by the EMSPB. This ordinance carries out these objectives.

Section 2. Amendment.

MCC 6.31.035 is amended to read:

6.31.035 POLICY BOARD CREATED.

(A) There is hereby created an EMS Policy Board which shall consist of one representative from the county, one representative from the City of Portland, and one representative from among the other incorporated cities of the county which agree to enforcement of this chapter under MCC 6.31.200; provided however, that until such representative is

duly chosen, a person appointed by the policy board shall serve as the third member of the policy board.

(B) The representative from the County shall be a County Commissioner selected pursuant to the Home Rule Charter [the County Executive]. The representative from the City of Portland shall be the Commissioner in charge of emergency medical services. The representative from the other incorporated cities shall be appointed to two year terms by vote of the mayors of the participating cities. The initial representative shall be determined by vote taken prior to October 1, 1980. The initial term shall run from October 1, 1980 to January 1, 1983. In the event that only one city has agreed to participate by October 1, 1980, the mayor of that city shall serve a two year term as the initial third member of the policy board.

(C) Upon the expiration of a term of a member of the policy board that member shall continue to serve until a new member is chosen.

(D) The members of the policy board shall serve without compensation.

Section 3. Amendment.

MCC 6.31.037 is amended to read:

6.31.037 POWERS AND DUTIES. The EMS Policy Board shall have the following powers and duties:

(A) [Oversee] Advise the Board of County Commissioners concerning the operation of the licensing and regulatory system adopted under this chapter;

(B) Recommend to the City/County Health Officer, the hiring and firing of a Director and such other persons as are necessary to carry out this chapter;

(C) Report annually to the Board of County Commissioners and City Council concerning the operation of this chapter and recommend changes as considered necessary;

(D) [Take] Recommend action by the Board of Commissioners on rules proposed under this chapter;

[(E) Hear and determine appeals of denial or revocation of licenses by the Director;]

(E) [(F)] [Adopt] Recommend action by the Board of County Commissioners on an ambulance plan under ORS [485.573] 823.180(1) relating to the need for, and coordination of, ambulance service. [The Board shall establish ambulance service areas consistent with the plan for the efficient and effective provision of ambulance service and the Board shall adopt rules requiring persons to conform to the ambulance plan and ambulance service areas. The plan and service areas shall be adopted under the rulemaking provisions of this chapter; and] The plan shall comply with the rules and regulations of the State Health Division and state law.

[(G) Exercise such other powers and perform such other duties as may be necessary to achieve the purposes of this chapter stated in MCC 6.31.015.]

Section 4. Amendment.

The following section shall be added to MCC Chapter 6.31:

6.31.038 Plan Adoption by Board of County Commissioners

A. The Board of County Commissioners shall adopt and may amend an ambulance plan as defined by ORS 823.180 and rules of the State Health Division. The Board shall request a recommendation from the EMS Policy Board prior to adopting or amending such a plan or portion thereof. In the event no recommendation is submitted to the Board of County Commissioners within 45 days after a request, the Board may take final action. Plan adoption, amendment or repeal shall be by ordinance.

Section 5. Amendment.

The following section shall be added to MCC Chapter 6.31:

6.31.039 Ratification of Rules Previously
Adopted by Policy Board

The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-080 (single ambulance area) is subject to Circuit Court judgments declaring the rule invalid. The judgments are on appeal. The rule is hereby ratified, but it shall take effect only if the judgments are reversed and any applicable period for further appeal of those judgments has expired.

Section 6. Repeal.

MCC 6.31.053 and 6.31.054 are repealed.

Section 7. Amendment.

MCC 6.31.060 is amended to read as follows:

6.31.060 RECOMMENDATION [ADOPTION] OF RULES.

(A) The director may recommend to the policy board and the policy board may recommend to the Board of County Commissioners the adoption, amendment, or repeal of administrative rules deemed necessary to constitute an ambulance plan and to achieve the purposes of this chapter. [Such rules shall be adopted by the policy board in accordance with MCC 6.31.062 to 6.31.069 and shall establish.] The rules shall include, but not be limited to:

(1) Minimum ambulance and equipment standards;

(2) Minimum levels of training, including continuing education and training for EMTs employed by licensees, consistent with the various functions performed by such EMTs,

(3) Procedures and pre-hospital treatment protocols for the various types of emergencies to which licensees respond;

(4) Procedures for monitoring performance of EMTs and response times of licensees; including procedures for submission by licensees of regular reports concerning prehospital care of patients;

(5) Procedures for submission and review of citizen complaints concerning pre-hospital patient care provided by licensees;

(6) Standards for designation of one or more medical resource hospitals and designation of such hospital(s) in accordance with the standards;

(7) Rates of reimbursement for members of the EMS Medical Advisory Board; and

(8) Penalties for violation of administrative rules and procedures for appeals from the imposition of penalties.

[(B) In promulgating these rules, the director shall consult with the Emergency Medical Services Advisory Council, each of the providers of emergency medical services in Multnomah County, the City/County Health Officer and other appropriate persons and agencies.]

(B) [(C)] No rule relating to protocols for pre-hospital patient care or to equipment or drugs required to be carried on vehicles operated by licensees shall be adopted unless the rule is first approved in writing by the Medical Advisory Board.

Section 8. Amendment.

MCC 6.31.062 is amended to read as follows:

6.31.062 PREREQUISITES TO [ADOPTION] RECOMMENDATION OF RULES; EMERGENCY ADOPTION OF TEMPORARY RULE; [APPLICATION; SUBSTANTIAL COMPLIANCE REQUIRED].

(A) Prior to making a recommendation on [the adoption, amendment or repeal of] any rule, [by] the policy board, shall give

notice [of the proposed adoption, amendment or repeal shall be given]:

(1) In the manner established by rule which provides a reasonable opportunity for interested persons to be notified of the proposed action;

(2) By publication in a newspaper of general circulation in Multnomah County at least 10 [15] days prior to the date of intended action;

(3) By mail to persons who have requested notice pursuant to subsection (E) [(F)] of this section [to the EMS Advisory Council] at least 10 [15] days prior to the date of intended action.

(4) The director shall prepare and publish or mail the above-described notices as appropriate. Failure of any person to receive a mailed notice shall not prevent action by the policy board.

(B) The notice required by subsection (A) of this section shall state the subject matter and purpose of the intended action in sufficient detail to inform a person that his interests may be affected, and the time, place and manner in which interested persons may present their views on the intended action. The notice and the statement required by subsection [(G)] (F) of this section, including the full text of any material cited in the statement, shall be available for public inspection during regular business hours at the main office of the director.

(C) (1) When the director proposes action on a rule [to recommend that the policy board adopt, amend or repeal a rule], he shall give notice of a director's hearing as required by subsection (C)(2) of this section. [and give interested persons reasonable opportunity to submit data or views, which may include the submission of statements describing the financial impact of the rule. The director shall consult

with persons directly affected by the proposed action and each of the ambulance companies and fire departments operating EMS vehicles as well as an organization representing hospitals and shall fully consider every submission.]

(2) [Opportunity for oral hearing shall be granted upon request received from 10 individuals or an organization having not less than 10 employees or an association having not less than 10 members within 15 days after the notice referred to in subsection (A) (2) of this section. The director or a person designated by the policy board shall conduct the hearing in accordance with the Attorney General's Model Rules of Procedure, Rule 137-01-030 (Dec. 1979), and shall thereafter make available to the policy board written minutes or other record of the proceedings, the documentary material received, and a report and recommendation concerning the rule.] Notice of the director's hearing shall be given ten days in advance by publication in a daily newspaper having general circulation in excess of 50,000 in Multnomah County and by mail to persons requesting the [hearing] notice under MCC 6.31.062(E).

(3) Upon receipt of the director's report and recommendation, the policy board shall conduct a public hearing thereon and may recommend that the Board of County Commissioners adopt, amend or repeal the rule. The hearing shall include the opportunity for interested persons to present testimony and data. The recommendation shall be in writing, signed by the Presiding Officer and filed promptly with the Clerk of the Board of County Commissioners. The record of testimony and documents received by the policy board shall also be filed with the clerk.

[(D) Upon the request of an interested person, received within 15 days after the policy board's notice pursuant to subsection (A) of this section, the policy board shall postpone the date of intended action no less than 15 nor more than 90 days in order to allow the requesting person an opportunity to submit data, views or arguments

concerning the proposed action. Nothing in this subsection shall preclude the director from adopting a temporary rule pursuant to subsection (E) of this section.]

[(E)] (D) Notwithstanding subsections (A) through (C) [(D)] of this section, if the director finds that his failure to act promptly will result in serious prejudice to the public interest or the interest of the parties concerned, and sets forth in writing the specific reason for his findings, he may proceed upon the approval of the City/County Health Officer to adopt, amend or suspend a rule without notice or hearing or upon any abbreviated notice and hearing deemed practicable. Such rule is temporary and shall be effective upon filing with the Clerk of the Board pursuant to MCC 6.31.065 for a period of not longer than 15 [180] days. The director shall also notify the policy board of the adoption of a temporary rule.

The subsequent adoption by the Board of County Commissioners [policy board] of an identical rule under subsections (A) through (C) [(D)] of this section is not precluded; provided, however, that if the Board of County Commissioners finds that public safety warrants prompt action, the rule may be adopted without prior recommendation by the policy board. Within 10 days following the date of adoption of a temporary rule, the director shall prepare the complete statement required by subsection (F) [(G)] of this section. The statement shall be available for public inspection during regular business hours at the main office of the director. A rule temporarily suspended shall gain effectiveness upon expiration of the temporary period of suspension unless the rule is repealed pursuant to subsections (A) through (C) [(D)] of this section.

[(F)] (E) Any person may request in writing that the director mail him copies of notices of intended action [given pursuant to subsection (A) of this section]. Upon receipt of any request the director shall acknowledge the request, establish a mailing

list and maintain a record of all mailings made pursuant to the request. The director may establish procedures for establishing and maintaining the mailing lists current and[, by rule,] establish fees necessary to defray the costs of mailing and maintenance of the lists.

[(G)] (F) The policy board shall cause to be prepared a brief written statement of intended action, including:

(1) The legal authority relied upon and bearing upon the promulgation of the rule;

(2) A statement of the need for the rule and a statement of how the rule is intended to meet the need; and

(3) The citation of applicable portions of the principal documents, reports or studies, if any, prepared by or relied upon in considering the need for and in preparing the rule and a statement of the location at which those documents are available for public inspection. The list may be abbreviated if necessary, and if so abbreviated there shall be identified the location of a complete list.

[(H)] (G) This section does not apply to rules establishing an effective date for a previously effective rule or establishing a period during which a provision of a previously effective rule will apply.

(H) After a recommendation concerning a rule is filed with the clerk, the Board of County Commissioners shall consider the rule. Notice of a public meeting by the Commission to consider a rule shall be mailed by the Clerk of the Board to persons who have requested notice under MCC 6.31.062(E), but the failure of a person to receive notice shall not prevent action on a rule. Action by the Board of Commissioners on a rule shall be by ordinance.

[(I) No rule is valid unless adopted in substantial compliance with the provisions of this section in effect on the date the rule is adopted, provided that the policy board may correct a failure to substantially comply with the requirements of subsections (B) and (E) of this section in adoption of a rule by an amended filing, so long as the noncompliance did not substantially prejudice the interests of persons to be affected by the rule.]

[(J)] (I) Unless otherwise provided by law, the adoption, amendment or repeal of a rule need not be based upon or supported by an evidentiary record.

Section 9. Amendment.

MCC 6.31.180 is amended to read as follows:

6.31.180 APPEALS AND HEARINGS; REVIEW.

(A) A person receiving a notice from the director of a denial, refusal to renew, suspension, revocation or violation as provided in this chapter may request a hearing by an appeals hearing officer by filing a written request with the director within 60 days of receipt of the notice, setting forth reasons for the hearing and the issues to be heard. The director shall [may] prescribe forms for the filing of an appeal.

(B) Filing of a hearing request shall abate any further proceeding by the director, provided, however, that in any case where the director, with the approval of the City/County Health Officer, finds a serious danger to the public health or safety and sets forth specific reasons for such findings, the director may suspend or refuse to renew a license without hearing, but if the licensee demands a hearing within 90 days after the date of notice to the licensee of such suspension or refusal to renew, then a hearing must be granted to the licensee as soon as practicable after such demand, and the Board of County Commissioners [policy board] shall issue an order pursuant to such hearing confirming, altering, or revoking the director's earlier order. Such a hearing need not be held where the order of suspension or refusal to renew is accompanied by or is pursuant to, a citation for

violation which is subject to judicial determination by any court of this state, and the order by its terms will terminate in case of final judgment in favor of the licensee.

(C) The director shall, upon receipt of a timely request for hearing, promptly notify the appeals hearings officer, and said officer shall, within five business days, set a time and place for hearing, which shall be not more than 30 days from the date of receipt of request for hearing.

(D) The hearings officer shall notify the parties of the date, time and place of a hearing. The contents of the notice shall conform to MCC 6.31.140.

(E) The hearing shall be conducted by the hearings officer in accordance with the most recently published Attorney General's Model Rules of Procedure[, Rule 137-03-030 through 137-03-050 (Dec. 1979)].

(F) Disclosure of ex parte communications shall be made by the hearings officer [and policy board] in accordance with the most recently published Attorney General's Model Rules of Procedure[, Rules 137-03-062 through 137-03-064 (Dec. 1979)].

(G) The hearings officer shall issue a proposed final order as soon as is practicable after the termination of the hearing and shall mail a copy of the proposed order to the policy board and the parties. A proposed final order shall conform to the most recently published Attorney General's Model Rules of Procedure[, Rule 137-03-07 (Dec. 1979)].

(H) The Clerk of the Board of County Commissioners [policy board] shall notify the parties of the date when written exceptions to the proposed order must be filed when oral argument may be made [to the policy board].

(I) The Board of County Commissioners [policy board] shall consider the recommendation of the hearings officer, the entire record of the proceeding, oral argument, and the written exceptions filed by the parties and shall thereafter issue a final order in conformance with the most recently published Attorney General's Model Rules of Procedure[, Rule 137-03-07 (Dec. 1979)].

(J) The Board of County Commissioners [policy board] may accept the proposed final order, modify it or reject it and prepare, or cause a person designated by it to prepare a final order. Final orders shall be properly signed by the presiding officer [of the policy board], filed with the Clerk of the Board, and mailed to the parties.

Section 10. Amendment.

MCC 6.31.182 is amended to read as follows:

6.31.182 ORDER WHEN NO HEARING REQUESTED OR ON FAILURE TO APPEAL.

(A) When a party has been given an opportunity and fails to request a hearing within the time limit allowed hereunder or, having requested a hearing fails to appear, the Board of County Commissioners [policy board] shall cause to be entered an order which supports the intended action.

(B) The order supporting the action shall set forth the material on which the action is based or the material shall be attached to and made part of the order.

Section 11. Amendment.

MCC 6.31.184 is amended to read as follows:

6.31.184 RECONSIDERATION; JUDICIAL REVIEW.

(A) The Board of County Commissioners [policy board] may reconsider a final order upon the filing of a petition for reconsideration within 15 days after issuance of the order. If no action is taken [by the policy board] within 15 days after the petition is filed, the petition shall be deemed denied. If the petition is allowed by vote of the Board of County Commissioners [policy board], a hearing on the reconsideration shall be held and an amended order shall be issued. Only those [policy board] members of the Board of County Commissioners who voted in the original hearing on the appeal may vote on whether to allow a petition for reconsideration.

(B) Review of the action concerning an appeal [of the EMS policy board] shall be taken solely and exclusively by writ of review in the manner set forth in ORS 34.010 to 34.100.

Section 12. Adoption.

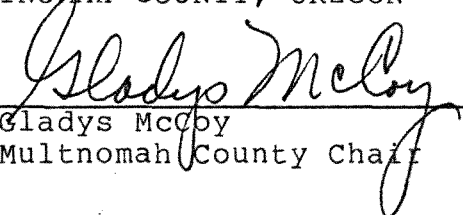
This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, an emergency is declared and the Ordinance shall take effect upon its execution by the County Chair, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 31st day of March, 1988, being the date of its 1st reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

(SEAL)

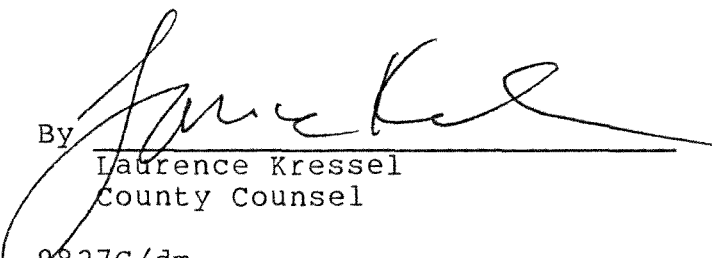
By


Gladys McCoy
Multnomah County Chair

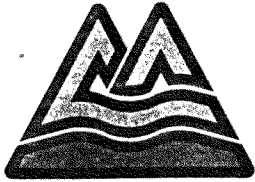
APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By


Laurence Kressel
County Counsel

9827C/dm
032488:9:2



MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES
COUNTY COUNSEL SECTION
1120 S.W. FIFTH AVENUE, SUITE 1400
P.O. BOX 849
PORTLAND, OREGON 97207-0849
(503) 248-3138

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

M E M O R A N D U M

COUNTY COUNSEL
LAURENCE KRESSEL

CHIEF ASSISTANT
ARMINDA J. BROWN

ASSISTANTS

JOHN L. DU BAY
SANDRA N. DUFFY
J. MICHAEL DOYLE
H. H. LAZENBY, JR.
PAUL G. MACKAY
MARK B. WILLIAMS

TO: Jane McGarvin
Clerk of the Board (101/606)

Emergency Medical Services Policy Board

FROM: Sandra Duffy *Sandy*
Assistant County Counsel

DATE: June 16, 1988

RE: Proposed Final Order for EMS Rule
Violation on Ambulance Rune #691/208769A

Enclosed is the Proposed Final Order adopted and signed by B. B. Bouneff, the hearings officer in the above-referenced matter.

MCC 6.31.180(G) requires that a copy of the proposed order be mailed to the EMS Policy Board. However, MCC 6.31.180(H) requires that the Clerk of the Board send notification to the parties of the date when written exceptions to the proposed order must be filed and when oral argument may be made. There are no time frames set out in the code. I would suggest that the hearing be set in about three to four weeks, and the deadline for exceptions to be filed be set 10 days before the hearing date.

Larry Kressel and I will meet with the Board prior to the hearing to discuss the form of the hearing.

1595R/dm

cc: Joe Acker, EMS Director (w/encl.)
Larry Kressel, County Counsel (w/encl.)

1988 JUN 20 PM 2:10
COUNTY COMMISSIONERS
BOARD OF
MULTNOMAH COUNTY
OREGON

1 In the Matter of
AA Ambulance
2 Run #691/208769A

)
)
)
)
PROPOSED FINAL ORDER

3
4 This matter came on for hearing on December 21, 1987
5 before Hearings Officer B. B. Bouneff. AA Ambulance was
6 represented by its attorney, Christopher P. Thomas, and Multnomah
7 County Emergency Medical Services was represented by its
8 attorney, Sandra Duffy, Assistant County Counsel. After hearing
9 testimony of witnesses; reviewing documentary evidence including
10 tape recordings; reviewing legal memoranda of counsel; hearing
11 argument of counsel; and, considering the relevant portions of
12 the Multnomah County Code and the EMS Rules, the Hearings Officer
13 found, pursuant to MCC 6.31.180(G) and in accordance with
14 Attorney General's Model Rules of Procedure Rule 137-03-070, as
15 follows:

16 1. EVIDENCE.

17 Exhibits 1, 2, 7, 8, 9, 10, 11, 12, 14, 16, 17,
18 18, 19, 20, 21 and 22 are admitted into evidence. Exhibits 3, 4,
19 5, 6, 13 and 15 are not admitted into evidence.

20 2. FINDINGS OF FACT.

21 On April 13, 1987 AA Ambulance Unit Number 61
22 (AA61), an advanced life support (ALS) ambulance, left the scene
23 of an emergency response at 3:23 p.m. At 3:24 AA61 was en route
24 to Providence Hospital with the patient when she began to have a
25 seizure. Emergency Medical Technician (EMT) Filler had the

26 /// /// ///

1 driver, EMT Hernandez, stop and help position the patient for
2 life saving procedures.

3 AA61 called the AA Ambulance dispatcher and asked
4 for a backup car (an ALS ambulance with two Emergency Medical
5 Technicians, Class IV on board). AA61 testified they called the
6 AA dispatcher rather than Emergency Medical Services (EMS)
7 Central Dispatcher because the radio transmitting to AA was more
8 accessible. Evidence indicated the AA radio was in the rear
9 compartment whereas the EMS radio was in the front of the
10 vehicle. AA Dispatch sent AA51 to meet AA61. At 3:30 p.m. AA51,
11 also an ALS ambulance, informed EMS Dispatch Office that they
12 were en route to N.E. 7th and Alberta to assist AA61. AA51
13 explained it was backing up AA61. Evidence indicates that EMS
14 Dispatch was unsure as to what was occurring and at 3:32 p.m.,
15 EMS Dispatch Office telephoned AA Dispatch to find out what AA51
16 was doing. AA51 arrived at AA61's location and dropped off an
17 EMT from AA51 who drove AA61 Code 3 to Emanuel Hospital at 3:38
18 p.m.

19 At 3:39 p.m. AA51 informed EMS Dispatch Office
20 that it was out-of-service because his partner was with AA61.
21 Evidence was introduced to indicate that the 7th and Alberta
22 location was within AA Ambulance's service area. Undisputed
23 evidence indicated that when AA dispatched AA51, there were more
24 than eight ALS ambulances available for call in Multnomah County.
25 Further evidence indicated that at the time AA had more than 50%

26 /// /// ///

1 of its ALS ambulances available within its service area, and AA's
2 ambulances served both as ALS and as Basic Life Support (BLS)
3 ambulances.

4 I believe the crux of the matter is whether or not
5 the EMS Rules require specifically the crew of the ambulance to
6 request the EMS dispatch office for an additional vehicle or
7 whether such request could be from AA Ambulance's dispatcher or
8 other agent. It is also crucial as to whether or not such
9 dispatch of additional vehicle could be on the order of other
10 agencies other than the EMS dispatcher.

11 There was conflicting evidence regarding the radio
12 call from the crew of AA61 for backup. AA Ambulance stated that
13 the crew of AA61 called for a driver. The County alleged that
14 the request was for a "a car Code 3" (an ALS ambulance with two
15 Emergency Medical Technicians, Class IV, on board). While the
16 three tape recordings are of terrible quality, all three agree on
17 the salient points. I find that all three tapes indicate that
18 the request was for a car Code 3, and not for a driver.

19 However, I also find that the AA dispatcher and
20 the crew of AA51 (the backup ALS ambulance which responded to
21 AA61's request) did advise the EMS Central Dispatch office of the
22 request on the part of AA61 and the status of the two vehicles.

23 3. CONCLUSIONS OF LAW.

24 a. AA Ambulance did not assert that it had the
25 authorization of the Emergency Medical Services Dispatch Office
26 prior to dispatching AA51 to backup AA61. It did assert,

1 however, that other provisions of the County Code and/or the EMS
2 Rules allowed such a dispatch. I find that AA Ambulance violated
3 EMS Rule 6.31.390(C)¹ by responding by ambulance to an emergency
4 call without the authorization of Emergency Medical Services
5 Dispatch Office or under any other provision of MCC 6.31.

6 b. I find that AA Ambulance violated Multnomah
7 County Code 6.31.190(G)² by responding by ambulance to an
8 emergency call without the authorization of Emergency Services
9 Dispatch Office or under the authority of any other provisions of
10 this ordinance or EMS Rule.

11 /// /// ///

12 /// /// ///

13 /// /// ///

14 1 EMS Rule 631-390(C) provides: "Prohibited activities.
15 No applicant or licensee, applicant's or licensee's
16 employee or any other person doing business as defined
in MCC 6.31 shall:

17 * * *

18 (C) Respond by ambulance to an emergency call unless
19 so authorized by the Emergency Medical Services
Central Dispatch Office or under MCC 6.31."

20 2 MCC 6.31.190(G) provides: "Prohibited activities. No
21 applicant or licensee, applicant's or licensee's
employee or any other person doing business as defined
22 hereunder shall:

23 * * *

24 (G) Respond by ambulance to an emergency call unless
25 so authorized by the Emergency Medical Services
Central Dispatch Office or under a provision of
26 this ordinance or rule adopted hereunder."

1 c. I find that AA Ambulance did not violate MCC
2 6.31.190(F)³ because the AA dispatcher and crew of AA51 advised
3 the EMS Central Dispatch Office of the request on the part of
4 AA61 and the status of the two vehicles.

5 d. I find that EMS Rule 631-320(F) does not
6 apply in this situation.⁴

7 ³ MCC 6.31.190(F) provides: "Prohibited activities. No
8 applicant or licensee, applicant's or licensee's
9 employee or any other person doing business as defined
hereunder shall:

10 * * *

11 (F) Fail or refuse to promptly advise the Emergency
12 Medical Services Central Dispatch Office of
13 receipt of a request for emergency medical
14 assistance or when a licensee's ambulance becomes
available or non-available to respond to dispatch
order.

15 ⁴ EMS Rule 631-230(F) and (G) provide:

16 "(F) A licensee shall be deemed to have a standing
17 authorization to respond by ambulance to an emergency
18 call received by the licensee, and may, accordingly,
immediately respond to the call, provided that:

19 "(1) The licensee's dispatcher relays the
20 information required in paragraph (B) of this rule
21 [location and nature of emergency and telephone
22 number of caller], including the unit number of
the ambulance, and the location from which it is
responding, to EMS Central Dispatch immediately
after dispatching the ambulance.

23 "(2) The call is in the licensee's ambulance
service area; and,

24 "(3) The licensee has more than 50% of its
25 ambulances available within its ambulance service
area.

26 "(4) A licensee shall utilize the triage guide

1 e. I find that during the pertinent times
2 herein, AA did not take AA51 out of service.⁵

3 adopted under these rules in determining whether a
4 call requires an emergency response.

5 "(5) EMS Central Dispatch may cancel any
6 ambulance dispatched by a licensee under this
standing authorization rule."

7 "(G) The provisions of paragraph (F) of this rule shall
8 not apply where an ambulance crew determines that
9 there is a need for one or more additional
10 vehicles at the scene of an emergency. Where such
11 a determination is made, the ambulance crew shall
promptly contact EMS Central Dispatch to request
the additional vehicles. The crew shall advise
EMS Central Dispatch of the number and types of
units needed."

12 5 EMS Rule 631-316, 631-314, and 631-320(E) (5) provide:

13 "631-316 A licensee's ambulance may be taken out of
14 service to the EMS Central Dispatch system if there are
15 more than eight licensed ALS-staffed ambulances
available for calls in Multnomah County. . ."

16 "631-314 The Crew of each vehicle shall promptly
17 inform EMS Central Dispatch of the following changes in
status by radio:

18 ". . .

19 "(I) Out of service (no longer available to respond to
20 dispatch orders from EMS Central Dispatch.)"

21 "631-320(E) (5) Licensee's BLS ambulance may respond
22 Code-3 to the scene of an emergency under the following
conditions:

23 "(a) An ALS ambulance requests addition manpower
24 at the scene of an emergency and the ALS ambulance
transports the emergency patients; or

25 "(b) . . .

26 "(c) Licensee advises EMS Dispatch by radio or
telephone of the number of the unit responding,

1 4. ORDER.

2 Based upon my finding that AA Ambulance did
3 violate a County Code provision and an EMS Rule, I find that the
4 fine of \$250.00 on the part of the Director of Emergency Medical
5 Services (See Exhibit 7) is appropriate and order that it be paid
6 by licensee.

7 5. APPEAL RIGHTS.

8 a. Final Order. Pursuant to MCC 6.31.180(J),
9 the Board of County Commissioners (BCC) may accept the proposed
10 final order, modify it or reject it and prepare, or cause a
11 person designated by it to prepare a final order.

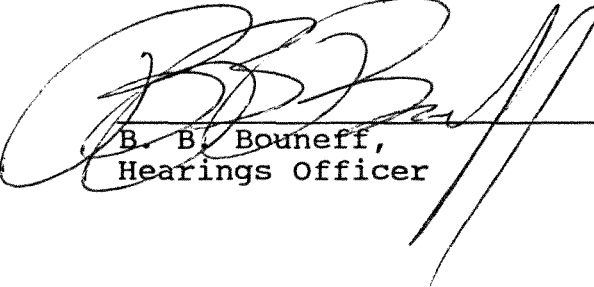
12 b. Reconsideration. MCC 6.31.184 provides that
13 the BCC may reconsider a final order upon the filing of a
14 petition for reconsideration within 15 days after issuance of the
15 order. If no action is taken by the BCC within 15 days after the
16 petition is filed, the petition shall be deemed denied. If the
17 petition is allowed by vote of the BCC, a hearing on the
18 reconsideration shall be held and an amended order shall be
19 issued.

20 c. Judicial Review. Review of the action of the
21 BCC shall be taken solely and exclusively by writ of review in
22 the manner set forth in ORS 34.010 to 34.100.

23 /// /// ///

24 _____
25 the location from which the unit is responding and
26 the location of the emergency."

1 THIS PROPOSED FINAL ORDER IS ADOPTED this 15th day
2 of june, 1988.

3
4
5
6 
7 B. B. Bouneff,
8 Hearings Officer

(Underlined sections are new or replacements; [bracketed] sections are deleted.)

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. 576

An Ordinance adopting a recommendation of the EMS Policy Board to amend Emergency Medical Services Rule 631.552(B) by revision of the Trauma Patient Identification criteria; and, to amend Emergency Medical Services Rule 631.502 by revision of the Advanced Life Support Treatment Protocols and declaring an emergency.

Multnomah County ordains as follows:

Section 1. Findings.

1. MCC 6.31.060 authorizes the BCC to adopt rules concerning procedures and prehospital treatment protocols, upon recommendation of the Emergency Medical Services Policy Board.

2. Multnomah County has used an Interim Trauma System consisting of Trauma Patient Identification Criteria and Advanced Life Support protocols to assure accident victims the highest level of care. The Interim Trauma System was intended

to be used until the Oregon State Health Division implemented a new Trauma Plan.

3. On May 2, 1988, the Oregon State Health Division implemented a new Trauma Plan for the identification, care, and transport of patients in and around Multnomah County.

4. The EMS Policy Board, pursuant to MCC 6.31.062, conducted public hearings on April 4, 1988 concerning certain changes to the criteria and protocols based upon the State's new Trauma Plan and has recommended that the Board of County Commissioners adopt these changes.

5. The EMS Medical Advisory Board recommends the adoption of relevant portions of the State Trauma Plan through revisions to the criteria and protocols in EMS Rules 631.552(B) and 631.502.

6. The recommended changes to the County's rules are consistent with the purposes of MCC Chapter 6.31 and are in the public interest. The Statement of Need adopted by the Emergency Medical Services Policy Board, attached as Exhibit "I" and incorporated herein by reference, is adopted by this Board as support for these changes.

Section 2. Amendment.

EMS Rule 631.552(B) is amended by repeal of the Exhibit A referred to in the Rule. A new Exhibit A is adopted. That exhibit is attached to this ordinance (marked as Exhibit A) and is incorporated herein by reference.

Section 3. Amendment.

EMS Rule 631.502 is amended by repeal of page T1 - T5 of Exhibit F referred to in the Rule. New pages T1 - T5 of Exhibit F are attached to this ordinance (marked as Exhibit B) and incorporated herein by reference.

Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, an emergency is declared and the Ordinance shall take effect upon its execution by the County Chair, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 12th day of May, 1988, being the date
of its first reading before the Board of County Commissioners
of Multnomah County.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

(SEAL)

By Gladys McCoy
Gladys McCoy
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By Sandra Duffy 5-11-88
Sandra Duffy
Assistant County Counsel

1140R/dm
051188:2:1

TRAUMA PROTOCOL

I. Patients are to be entered into the trauma system in ATAB I (Multnomah, Washington, Clackamas, Columbia, Clatsop, Tillamook, and Yamhill Counties) when they meet the following criteria and have been involved in a trauma incident.

A. Physiological criteria:

1. A systolic blood pressure of less than 90 mm/Hg.
2. Respiratory distress as evidenced by a respiratory rate of less than ten or greater than twenty-nine.
3. Altered mental status as evidenced by a Glasgow Coma Scale Score of thirteen or less.

B. Mechanism of the patient injury:

1. Extrication from a motor vehicle which takes greater than twenty minutes and uses heavy tools.
2. Death of an occupant in the same car as the patient.
3. Ejection of the patient from an enclosed vehicle.

C. Anatomical Criteria:

1. The patient has a flail chest
2. The patient has two or more obvious proximal long bone fractures (humerus, femur).
3. The patient has a penetrating injury of the head, neck, torso, or groin associated with an energy transfer.
4. The patient has in the same body area a combination of trauma and burns (1st and 2nd) of fifteen percent or greater, or burns (greater than or equal to second degree) involving the face and/or airway.
5. The patient has an amputation proximal to the wrist or ankle.
6. The patient has one or more limbs which are paralyzed.

D. EMT Discretion:

1. If in the EMT's judgement, the patient has been involved in a trauma incident, which, because of a high energy exchange, causes the EMT to be highly suspicious that the patient is severely injured, the patient should be entered into the trauma system.

TRAUMA PROTOCOL (Cont'd)

2. The EMT's suspicion of trauma injury may be raised by the following factors:
 - a. age greater than sixty
 - b. age less than twelve
 - c. extremes of environment (hot/cold)
 - d. patient's previous medical history
 - e. pregnancy

Delete the trauma protocols on pages T1-T5 and replace with the following:

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 - b. age less than twelve
 - c. extremes of environment (hot/cold)
 - d. patient's previous medical history
 - e. pregnancy

II. Medical Direction:

- A. Off-line medical direction for trauma patients is controlled by the BLS/ALS protocols as adopted by ATAB I, the EMS agencies, and the physician supervisors.
- B. On-line medical direction within radio range of MRH/TCC is controlled by MRH/TCC.
- C. On-line medical direction in areas where radio communications with MRH/TCC is impossible are the responsibility of the level three or level four designated centers in their service areas (MD). These areas are anticipated to be Tillamook Hospital for Tillamook County, Columbia Memorial for Clatsop County, St. Johns/St. Helens for Columbia County, and for Yamhill County, Newberg Hospital.
- D. On line medical direction may override off-line medical direction. Any instances of this will be reported to ATAB QA.

III. COMMUNICATIONS:

- A. Designated Trauma Center (level 1 & 2) to Medical Resource Hospital/Trauma Communications Center:

The designated trauma center (level 1 & 2) must keep MRH/TCC constantly appraised of their ability to accept and care for trauma patients. The designated trauma centers (level 1 & 2) will use the MRH/TCC computer link to keep MRH/TCC updated on all personnel and facilities needed to accept trauma patients. The designated trauma centers (level 1 & 2) may also use the telephone to offer more rapid information to MRH/TCC. If a designated trauma center is unable to accept all patients from a multiple trauma scene, MRH/TCC will confer with the center to provide the best distribution of patients.

- B. Emergency Medical Technician at Scene To Medical Resource Hospital/Trauma Communications Center* or to local medical direction (level 3 or 4 service areas)

* If the EMT is unable to reach MRH, the usual on-line medical control is to be contacted, and then MRH as soon as possible if the patient is to be transferred to a level 1 or 2 hospital.

TRAUMA PROTOCOL (Cont'd)

IT IS ESSENTIAL THAT EARLY RADIO COMMUNICATIONS BE ESTABLISHED CONCERNING THE TRAUMA VICTIM. After assessing a trauma situation and making the determination that the patient should enter the trauma system, the EMT certified to the highest level should contact the Medical Resource Hospital* at the earliest time which is practical, and provide the following:

1. Number of patients (age and sex)
2. Entry criteria (brief description of patient condition)
3. Location of the incident
4. Estimated time of departure from the scene/ETA
5. Unit number and mode of transport
6. Destination based on patient origin

In case of radio failure with medical direction, contact the EMS dispatch point for hospital information.

C. Emergency Medical Technician in inter-hospital transfer to Medical Resource Hospital/Trauma Communications Center:

- 1) Upon entering radio range of MRH/TCC, the EMT shall inform MRH/TCC on the HEAR (155.340 MHZ) or on Med Net 4 of the following:

- a. Ambulance unit identification and county of origin
- b. Patient destination
- c. Brief description of patient condition
- d. Estimated time of arrival

- 2) Upon entering the radio range of the destination hospital, the EMT must contact the receiving trauma center on the HEAR frequency to communicate to them the present condition of the patient and any deterioration or improvement in patient condition which occurred enroute.

D. Medical Resource Hospital/Trauma Communications Center* or medical direction (level 3 or 4 service area) (MD) to EMT:

- 1) The MRH/TCC* shall inform the EMT if the destination hospital is unable to receive the patient.
- 2) In the event that multiple patients (if five or more ALS ambulances are, or will be used, refer to the MCI protocol and contact regional hospital on Med Net 1) are to be entered into the trauma system, MRH/TCC¹ will assist the EMT in determining patient destinations.

* If the EMT is unable to reach MRH, the usual on-line medical control is to be contacted, and then MRH as soon as possible if the patient is to be transferred to a level 1 or 2 hospital.

TRAUMA PROTOCOL (Cont'd)

- 3) In the event medical direction is needed, the MRH/TCC will offer medical direction using the ATAB I accepted trauma protocols as a guide.

E. Medical Resource Hospital/Trauma Communications Center or medical direction (level 3 or 4 service areas MD) to Designated Trauma Center:

The Designated Trauma Center which is the patient's destination will receive the following information from the Medical Resource Hospital/Trauma Communications Center:

- 1) Number of patients (age and sex)
- 2) Entry criteria (brief description of patient condition)
- 3) Location of the incident
- 4) Estimated time of departure from the scene and time of arrival at hospital destination
- 5) Unit number and mode of transport
- 6) Any other pertinent information received from the EMT

IV. Transport Protocol

A. Patient to a level 1 or level 2 hospital if 30 minutes or less transport time.

- 1) Designated Trauma Center destination from the scene, if by ground transport, to be determined by the EMT based upon the following criteria:
 - a. Emanuel Hospital Service Area: Patient origin on or north of: Tualatin Valley Highway beginning at the west city limits of Hillsboro, to Canyon Road, Canyon Road to Highway 26, to I-405, to Lovejoy, to Broadway Bridge, Broadway Bridge to the east bank, and then north of (but not including) Division Street from the east end of the Broadway Bridge to 242nd Street in Gresham, the patient destination will be Emanuel Hospital (see map).
 - b. Oregon Health Sciences University Hospital Service Area: Patient origin on or south of Division beginning at Two Hundred Forty Second Street west to the Broadway Bridge, then south of but not including the Broadway Bridge, west to Lovejoy to I-405, to Highway 26, to Canyon Road, to Tualatin Valley Highway to the west city limits of Hillsboro, the patient destination will be Oregon Health Sciences University (see map).
 - c. Patient origin (from scene) from out of the service area described above, patient destination to be the trauma center in whose service area the main thoroughfare used by the ambulance to enter Portland is located.

TRAUMA PROTOCOL (Cont'd)

- d. If multiple patients from the same scene, patient destination to be that assigned by the above service areas unless the designated trauma center advises MRH/TCC or medical direction (level 3 or 4 service area) (MD) that the facility cannot accept additional patients. In this instance, the MRH/TCC MD will assist the EMT in determining patient destination.
- 2) Designated trauma center destination from the scene if by air transport to be determined by flight personnel based upon the following criteria:
- a. Regardless of patient origin, the patient destination to be alternated between the designated trauma centers.
 - b. If two patients are transported in the same transport, patient destinations to be same designated trauma center.
 - c. In the event that the designated trauma center, which is to be the patient destination, is unable to accept the patient, MRH/TCC will assist the flight crew in determining patient destination.
- 3) Designated trauma center destination from a level three or four hospital, or a non-designated trauma hospital to be based upon the following criteria.
- a. Transferring physician to determine designated trauma center destination after conferring with the receiving physician.
 - b. In the event that the transferring physician has not determined the destination, the MRH/TCC will assist the EMT in determining patient destination.
- B. Patient to the closest level 3* or level 4* hospital if more than 30 minutes from the level 1 or 2 and the level 3 or 4 is closer.
- C. If airway unable to be established, patient to the nearest acute care facility.
- D. In Columbia County existing patient referral trends are to be maintained until the ATAB plan addresses out of state hospitals.

* Trauma hospital applicants are to be considered as trauma designated for purposes of this protocol.

TRAUMA PROTOCOL (Cont'd)

V. MODE OF TRANSPORT

A. Ground Vs. Air (level 1 or 2)

An air ambulance should be used when it would reduce total pre-hospital time of a trauma system patient by 10 minutes or greater. The EMT must recognize that any patient entered in the trauma system should receive the most rapid transportation mode possible.

The air ambulance can be put on standby and/or activated by request through the EMS dispatcher.

B. Ground vs. Air (level 3 or 4)

An air ambulance may be used when the EMT has determined after consult with medical direction (on or off line) that the patient can best be served by transport from the scene to a Level 1 or 2 institution. The time of the air ambulance to respond to the scene must be considered.

VI. PATIENT EVALUATION PROTOCOL

A. Treatment Priority Should Be Approached In This Order:

1. Airway Maintenance (Including Control of the Cervical Spine) -
If unable to establish and maintain an adequate airway, patient should be transported to the nearest acute care facility to obtain definitive airway control by a qualified person.
2. Breathing
3. Control of Circulation
4. Control of Hemorrhage
5. Treatment of Shock
6. Splinting of Fractures
7. Neurological Examinations
8. Secondary Patient Assessment

TRAUMA PROTOCOL (Cont'd)

VII. TRAUMA CARE PRIORITIES FOR PRE-HOSPITAL CARE PERSONNEL:

- A. Assess and Maintain Airway: Protect Cervical Spine
 - 1. Chin lift/jaw thrust
 - 2. Clear airway of foreign bodies
 - 3. Oropharyngeal/nasopharyngeal airway
 - 4. Bag-valve-mask with oxygen supplementation as indicated.
 - 5. Endotracheal/nasotracheal intubation or needle cricothyrotomy
- B. Breathing Control
 - 1. Assessment
 - a) Expose chest and neck
 - b) Rate and depth of respirations
 - c) Inspect and palpate for unilateral and bilateral chest movement, subcutaneous emphysema, sucking chest wounds
 - d) Distended neck veins or deviated trachea
 - e) Auscultate
- C. Breathing Control (Cont'd)
 - 1. Management
 - a) Seal open pneumothorax
 - b) Start oxygen therapy
 - c) Alleviate tension pneumothorax (needle thoracentsis)
 - d) Support ventilation
- D. Circulatory Control
 - 1. Identify exsanguinating hemorrhage
 - a) Apply direct pressure to bleeders
 - b) Apply tourniquet if bleeding uncontrollably or on extremity
 - c) Open MAST on stretcher and place patient on stretcher - apply if necessary (see Shock Protocol)
 - 2. Assess for pulses
 - a) Generally if:
 - 1) radial pulses present - systolic pressure 80 mmHg
 - 2) femoral pulse present - systolic pressure 70 mmHg
 - 3) carotid pulse present - systolic pressure 60 mmHg
 - 3. Evaluate perfusion
 - a) Pulse, rate and character
 - b) Capillary refill
 - c) Skin color; i.e. pink, pale, cyanotic, mottled.
 - 4. Initiate two large bore I.V.s with a volume expander during transport.
 - 5. Obtain blood pressure. This is low priority, consider during transport.
- E. Assess neurologic status per Glasgow Coma Scale
 - 1. Eye Opening
 - 2. Best Verbal Response
 - 3. Motor Response
 - a) Standardized pain stimulus is either supraorbital ridge pressure or fingernail pressure

TRAUMA PROTOCOL (Cont'd)

VIII. SCENE TIME

- A. After gaining access to the patient, scene time should not exceed ten minutes for any patient who is entering the trauma system. Plan to start I.V.s and initiate other care once enroute to the hospital if necessary.

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Add Business Practice:

5 points

A history of public education is thought to predict a contractor's ability to deliver good public education. The proposer should describe the public education which he has provided over the past two years (1986, 1987). The system to which the public education was delivered must be the system used for credentialing. Proof of public education must include date, location, educator, and number of participants.

Evaluation: 5 points

The proposal which describes a history (over the past two years in the credentialing population which meets the following criteria will be awarded five points.

1. Provision of at least sixty public education sessions per year in CPR, First Aid, or other education (at least three hours in duration).
2. Participation in at least four large public gatherings per year with an educational display (fair, health fair, school, etc).
3. Participation in at least three specialized response education sessions per year (nursing home, adult foster care, shipyard, industrial problems, etc.).

If the proposal does not meet all of the above areas, 1.66 points will be awarded for each of the above areas to a maximum of five points total.

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Medical add:

5 points

It is thought that a proposer's history of having a functioning peer review process will predict that the proposer will provide better emergency medical care if chosen as a contractor. The proposer must describe his peer review process. The description must be provided for the past two years (1986, 1987) and be for the credentialed population.

Evaluation: 5 points

A proposal which describes a peer review process history with at least the following characteristics will be awarded five points:

1. A meeting each month attended by the off-line medical director, and with at least 90 percent of the members attending.
2. A peer review committee made up of representatives representing ALS, BLS, and communications.
3. A peer review process with a set of bylaws which assure patient confidentiality, rules of order, autonomy from management, and the responsibility to take action in medical areas they deem appropriate.

If the proposal describes and properly documents all of the above areas of peer review five points will be awarded. If all areas are not met, 1.66 points will be awarded for each area met for a maximum of five points.

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Personnel add:

five points

A good history of continuing and specialized education for EMTs is thought to predict a proposer's capability to offer excellent prehospital emergency medical care. The proposer should detail in the proposal the proposer's experience in EMT education over the last two years. EMT education experience must be based on the population which was used to credential the proposer. The proposer must provide proof of EMT continuing education through dates offered, lecturer, content, and number of EMTs attending. The proposer must also describe an evaluation process for cognitive and motor skill areas. A proposer who meets all of the goals will be awarded five points.

Evaluation: EMT Continuing and Specialized Education

The proposer who describes and validates a history of EMT continuing education which meets the following criteria will be awarded five points:

1. The program must have been offered to at least 65 EMT paramedics.
2. The program must offer at least the number of hours and variety (whichever is greater) required for state recertification or National Registry of EMTs recertification.
3. Twenty-five percent of the EMT-Ps recognized as Prehospital Trauma Life Support instructors or Basic Trauma Life Support instructors and Advanced Cardiac Life Support instructors.

If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

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Personnel add:

Field Supervisor Qualifications: 5 points

The proposer must describe in detail the qualifications of the field supervisors which he will use if awarded the contract. The names of the EMTs is not to be included, however, the contractor will be responsible for providing field supervisors with the qualifications described in the proposal.

Evaluation: Field Supervisor Qualifications 5 points

The proposal to meet the field supervisor goal must describe field supervisors which have the following characteristics:

1. Supervision experience as evidenced by supervision of at least 20 EMT-Ps for two or more years.
2. Experience with the Multnomah County EMS program as evidenced by employment by a Multnomah County EMS/ALS licensee for at least the past four years.
3. Knowledge of prehospital care as evidenced by certification in Oregon as an EMT III or IV for at least five years.

A proposal which meets all of the above will be awarded five points. If the proposer does not meet all of the above, 1.66 points will be awarded for each area met for a maximum of five points.

DRAFT

DRAFT

Personnel add:

five points

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If the proposer does not meet each of the above, 1.66 points will be awarded for each area met for a maximum of five points.

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- B. The final decision shall be made by the Board of County Commissioners in accord with the procedures of the RFP. The BCC reserves the right to reject all proposals.

8b. ASA Provider Selection Process, cont'd

- 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)

DRAFT III
7/29/88

AMBULANCE SERVICE
AREA PLAN

Multnomah County
Oregon

INDEX

- p. 5 1. Definitions list related to county ASA plan.
- 2. Communications:
 - p. 9 a) Access to Emergency Medical (EMS) System.
 - p. 10 b) Procedures for dispatch of ambulances.
 - p. 11 c) Ambulance notification procedures.
 - p. 12 d) Emergency radio communications systems.
 - p. 13 e) Notification and response time monitoring process.
 - p. 14 f) Standards for response times.
 - p. 15 g) Training of EMS dispatchers.
- 3. Provider Profile:
 - p. 16 a) ASA financial viability.
 - p. 17 b) Service effectiveness.
 - p. 18 c) Service efficiency.
 - p. 19 d) Level of response.
 - p. 20 e) Level of care.
 - p. 21 f) Staffing.
 - p. 22 g) Patient care equipment.
 - p. 23 h) Emergency patient transport vehicles (ambulances).
 - p. 24 i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
 - p. 25 a) Responsibilities.
 - p. 26 b) Identification of additional personnel and equipment resources:
 - 1. hazardous material
 - 2. search and rescue
 - 3. specialized rescue
 - 4. extrication

- p. 28 c) Coordination of resources.
- p. 29 d) Method for obtaining out-of-county resources.
- p. 30 e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. 31 a) Mutual aid agreements for ambulance response outside of service area.
- p. 31 b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. 32 a) ASA geographic area.
- p. 33 b) "911", fire district incorporated city boundaries.
- p. 34 c) ASAs designation considering fire district and city boundaries.
- p. 35 d) ASA boundaries considering artificial and geographic barriers to response times.
- p. 36 e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. 37 a) Quality assurance program.
- p. 38 b) Legal sanctions for violations.
- p. 39 c) Input to the county from:
 - 1. consumers
 - 2. providers
 - 3. medical community

8. Provider Selection:

- p. 40 a) Mechanism for responding to an application by a provider for an ASA.
- p. 41 b) Mechanism for assignment and reassignment of providers to ASAs.
- p. 44 c) Mechanism for responding to notification that an ASA is being vacated.
- p. 45 d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. 46 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

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 CRS 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 ambulance service area .
- (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. (CRS 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 .
- (LD) "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 Kelly 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 Kelly 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 1.

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 dispatch 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, -316, -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 uses 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 require 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 (Squad 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 a transporting 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 or less at least 90 percent of the time. This document is attached as Attachment 1.

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

The Emergency Medical Services office receives, in 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 BOFC dispatch number, location of response, unit number of responding unit, and actual response time. In addition, transport ambulance services which are assigned service areas provide to the Emergency Medical Services office, in 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 a transporting ambulance.

2f. Ambulance Notification and Response Times

These two sources of over eight minutes responses 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 transporting 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 its 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. Jeff 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 and mortality outcomes for the ambulance service areas which they have served prior to requesting an ambulance service area assignment within Multnomah County.

Determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by quality assurance review.

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 are a part of this document. Also, the overall requirement for response times assists in determining that service efficiency is maintained.

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 service 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 transporting 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 transporting ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those Multnomah County 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. Non-emergency, in this context, means that the patient must be rendered care within a half an hour or more, 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 a system status 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. Non-transporting ambulances (ALS Rescues) are required to staff only to the state ALS required level.

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 3 and 4.

In addition, the Request For Proposal 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 standards.

In addition, the Request For Proposal (see Attachment 11) requires that for the ambulance contractor to receive goal points, he/she must provide specific up to date ambulances meeting KKK1822B. Also, the contractor must maintain the mechanical reliability of the vehicle by the ambulance operator by requiring inspections at specific mileage increments.

3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine its 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 FMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his/her personnel. In addition, the single physician supervisor will require inservice education, and Multnomah County requires attendance at mandatory inservice education 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 also a mechanism to assure of meeting continuing education requirements for the state of Oregon EMTs.

4a. Mass Casualty Incident Response Plan

A 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, Sauvie Island Fire, and Skyline 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 list of station locations for Portland Fire Bureau and the Gresham Fire Department is attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds from 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 (PIC) 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 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 and west of I205. ASA 2 includes all other areas of Multnomah County.

6b. Other Districts

The fire districts are illustrated in Attachment 21. 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 transporting ambulances of each ASA will be dispatched by the same dispatch point (BOEC). There will be uniformity in application of all rules, protocols, and SCP's between the two ASA's. In addition, the RFP (see Attachment 11) requires 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. The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

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 freeway.

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 Attachments 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two 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 a hearing every six months to determine that the level of service within the community is meeting the consumers' needs and that 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 discuss 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 its issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to him/her. 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 a license within Multnomah County to provide ambulance service, Multnomah County Code provides a mechanism to license 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 an open competitive procurement process for delivery of ambulance service to one of the two ASAs on a four 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.

The same contractor may not serve both ASAs. Each provider who proposes on both ASAs will be asked to submit a choice of which ASA the proposer would prefer to serve if its proposal is the highest point ranking proposal in each ASA. The evaluation committee will determine which ASA to award to a proposer whose proposals are the highest point ranking proposal in each ASA. The committee will consider the request of the proposer as well as the point spread between proposers in making their decision. The second best proposal in the chosen ASA will be chosen as the winner in that ASA.

Steps for 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/ELS 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 Advisory Board and the Board of County Commissioners. 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 Advisory 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 Advisory 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) (at least one with a financial background, etc., CPA)
Multnomah Medical Society Representative
County Purchasing Representative (non-voting)
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process, cont'd

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)

8c. ASA Provider Reselection Process

Provider reselection criteria.

A provider for the ASA 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 emergency ambulance service 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.

DRAFT III
7/29/88

AMBULANCE SERVICE
AREA PLAN

Multnomah County
Oregon

INDEX

- p. 5 1. Definitions list related to county ASA plan.
- 2. Communications:
 - p. 9 a) Access to Emergency Medical (EMS) System.
 - p. 10 b) Procedures for dispatch of ambulances.
 - p. 11 c) Ambulance notification procedures.
 - p. 12 d) Emergency radio communications systems.
 - p. 13 e) Notification and response time monitoring process.
 - p. 14 f) Standards for response times.
 - p. 15 g) Training of EMS dispatchers.
- 3. Provider Profile:
 - p. 16 a) ASA financial viability.
 - p. 17 b) Service effectiveness.
 - p. 18 c) Service efficiency.
 - p. 19 d) Level of response.
 - p. 20 e) Level of care.
 - p. 21 f) Staffing.
 - p. 22 g) Patient care equipment.
 - p. 23 h) Emergency patient transport vehicles (ambulances).
 - p. 24 i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
 - p. 25 a) Responsibilities.
 - p. 26 b) Identification of additional personnel and equipment resources:
 - 1. hazardous material
 - 2. search and rescue
 - 3. specialized rescue
 - 4. extrication

- p. 28 c) Coordination of resources.
- p. 29 d) Method for obtaining out-of-county resources.
- p. 30 e) Ambulance disaster response plan recognition.

5. Mutual Aid Agreements:

- p. 31 a) Mutual aid agreements for ambulance response outside of service area.
- p. 31 b) Mutual aid agreements between ambulance providers.

6. Boundaries:

- p. 32 a) ASA geographic area.
- p. 33 b) "911", fire district incorporated city boundaries.
- p. 34 c) ASAs designation considering fire district and city boundaries.
- p. 35 d) ASA boundaries considering artificial and geographic barriers to response times.
- p. 36 e) County coverage by an ASA(s).

7. Quality Assurance and System Development:

- p. 37 a) Quality assurance program.
- p. 38 b) Legal sanctions for violations.
- p. 39 c) Input to the county from:
 - 1. consumers
 - 2. providers
 - 3. medical community

8. Provider Selection:

- p. 40 a) Mechanism for responding to an application by a provider for an ASA.
- p. 41 b) Mechanism for assignment and reassignment of providers to ASAs.
- p. 44 c) Mechanism for responding to notification that an ASA is being vacated.
- p. 45 d) Procedures for resolving disputed cases.

9. County Executive Approval:

- p. 46 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

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 6.11.000.
- (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 ambulance service area .
- (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 ELS 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 .
- (LD) "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 Kelly 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 Kelly 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 1.

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 dispatch 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 uses 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 require 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 (Squad 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 a transporting 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 or less at least 90 percent of the time. This document is attached as Attachment 1.

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

The Emergency Medical Services office receives, in 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, and actual response time. In addition, transport ambulance services which are assigned service areas provide to the Emergency Medical Services office, in 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 a transporting ambulance.

2f. Ambulance Notification and Response Times

These two sources of over eight minutes responses 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 transporting 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 its 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. Jeff 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 and mortality outcomes for the ambulance service areas which they have served prior to requesting an ambulance service area assignment within Multnomah County.

Determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by quality assurance review.

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 are a part of this document. Also, the overall requirement for response times assists in determining that service efficiency is maintained.

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 service 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 transporting 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 transporting ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those Multnomah County 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. Non-emergency, in this context, means that the patient must be rendered care within a half an hour or more, 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 a system status 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. Non-transporting ambulances (ALS Rescues) are required to staff only to the state ALS required level.

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 3 and 4.

In addition, the Request For Proposal 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 standards.

In addition, the Request For Proposal (see Attachment 11) requires that for the ambulance contractor to receive goal points, he/she must provide specific up to date ambulances meeting KKK1822B. Also, the contractor must maintain the mechanical reliability of the vehicle by the ambulance operator by requiring inspections at specific mileage increments.

3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine its 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 FMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his/her personnel. In addition, the single physician supervisor will require inservice education, and Multnomah County requires attendance at mandatory inservice education 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 also a mechanism to assure of meeting continuing education requirements for the state of Oregon EMTs.

4a. Mass Casualty Incident Response Plan

A 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, Sauvie Island Fire, and Skyline 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 list of station locations for Portland Fire Bureau and the Gresham Fire Department is attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds from 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 (PIC) 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 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 and west of I205. ASA 2 includes all other areas of Multnomah County.

6b. Other Districts

The fire districts are illustrated in Attachment 21. 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 transporting ambulances of each ASA will be dispatched by the same dispatch point (BOEC). There will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see Attachment 11) requires 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. The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

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 i serves North and South of I-84 which might be considered an impediment due to a small number of traffic arterials which cross the freeway.

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 Attachments 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two 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 a hearing every six months to determine that the level of service within the community is meeting the consumers' needs and that 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 discuss 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 its issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to him/her. 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 a license within Multnomah County to provide ambulance service, Multnomah County Code provides a mechanism to license 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 an open competitive procurement process for delivery of ambulance service to one of the two ASAs on a four 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.

The same contractor may not serve both ASAs. Each provider who proposes on both ASAs will be asked to submit a choice of which ASA the proposer would prefer to serve if its proposal is the highest point ranking proposal in each ASA. The evaluation committee will determine which ASA to award to a proposer whose proposals are the highest point ranking proposal in each ASA. The committee will consider the request of the proposer as well as the point spread between proposers in making their decision. The second best proposal in the chosen ASA will be chosen as the winner in that ASA.

Steps for 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/ELS 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 Advisory Board and the Board of County Commissioners. 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 Advisory Board will review the RFP and advise the Board of County Commissioners (ECC).
- 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 Advisory 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) (at least one with a financial background, etc., CPA)
Multnomah Medical Society Representative
County Purchasing Representative (non-voting)
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process, cont'd

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)

8c. ASA Provider Reselection Process

Provider reselection criteria.

A provider for the ASA 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 emergency ambulance service 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.

DRAFT III
7/29/88

AMBULANCE SERVICE
AREA PLAN

Multnomah County
Oregon

INDEX

- p. 5 1. Definitions list related to county ASA plan.
- 2. Communications:
 - p. 9 a) Access to Emergency Medical (EMS) System.
 - p. 10 b) Procedures for dispatch of ambulances.
 - p. 11 c) Ambulance notification procedures.
 - p. 12 d) Emergency radio communications systems.
 - p. 13 e) Notification and response time monitoring process.
 - p. 14 f) Standards for response times.
 - p. 15 g) Training of EMS dispatchers.
- 3. Provider Profile:
 - p. 16 a) ASA financial viability.
 - p. 17 b) Service effectiveness.
 - p. 18 c) Service efficiency.
 - p. 19 d) Level of response.
 - p. 20 e) Level of care.
 - p. 21 f) Staffing.
 - p. 22 g) Patient care equipment.
 - p. 23 h) Emergency patient transport vehicles (ambulances).
 - p. 24 i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
 - p. 25 a) Responsibilities.
 - p. 26 b) Identification of additional personnel and equipment resources:
 - 1. hazardous material
 - 2. search and rescue
 - 3. specialized rescue
 - 4. extrication

- p. 28 c) Coordination of resources.
- p. 29 d) Method for obtaining out-of-county resources.
- p. 30 e) Ambulance disaster response plan recognition.
- 5. Mutual Aid Agreements:
 - p. 31 a) Mutual aid agreements for ambulance response outside of service area.
 - p. 31 b) Mutual aid agreements between ambulance providers.
- 6. Boundaries:
 - p. 32 a) ASA geographic area.
 - p. 33 b) "911", fire district incorporated city boundaries.
 - p. 34 c) ASAs designation considering fire district and city boundaries.
 - p. 35 d) ASA boundaries considering artificial and geographic barriers to response times.
 - p. 36 e) County coverage by an ASA(s).
- 7. Quality Assurance and System Development:
 - p. 37 a) Quality assurance program.
 - p. 38 b) Legal sanctions for violations.
 - p. 39 c) Input to the county from:
 - 1. consumers
 - 2. providers
 - 3. medical community
- 8. Provider Selection:
 - p. 40 a) Mechanism for responding to an application by a provider for an ASA.
 - p. 41 b) Mechanism for assignment and reassignment of providers to ASAs.
 - p. 44 c) Mechanism for responding to notification that an ASA is being vacated.
 - p. 45 d) Procedures for resolving disputed cases.
- 9. County Executive Approval:
 - p. 46 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

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 CRS 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 ambulance service area .
- (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.

(EE) "Licensee" means a person possessing a valid license from Multnomah County.

(CC) "Medical Advisory Board" means the Emergency Medical Services Medical Advisory Board .

(LD) "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.

(CG) Non-emergency - any medical call in which there is no threat to life or limb.

(EH) 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 Kelly 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 Kelly 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 1.

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 dispatch 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 uses 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 require 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 (Squad 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 a transporting 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 or less at least 90 percent of the time. This document is attached as Attachment 1.

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

The Emergency Medical Services office receives, in 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 BOFC dispatch number, location of response, unit number of responding unit, and actual response time. In addition, transport ambulance services which are assigned service areas provide to the Emergency Medical Services office, in 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 a transporting ambulance.

2f. Ambulance Notification and Response Times

These two sources of over eight minutes responses 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 transporting 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 its 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. Jeff 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 and mortality outcomes for the ambulance service areas which they have served prior to requesting an ambulance service area assignment within Multnomah County.

Determination of effectiveness is provided through a prospective process of credentialing and proposal evaluation and a retrospective process governed by quality assurance review.

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 are a part of this document. Also, the overall requirement for response times assists in determining that service efficiency is maintained.

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 service 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 transporting 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 transporting ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those Multnomah County 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. Non-emergency, in this context, means that the patient must be rendered care within a half an hour or more, 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 a system status 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. Non-transporting ambulances (ALS Rescues) are required to staff only to the state ALS required level.

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 3 and 4.

In addition, the Request For Proposal 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 standards.

In addition, the Request For Proposal (see Attachment 11) requires that for the ambulance contractor to receive goal points, he/she must provide specific up to date ambulances meeting KKK1822B. Also, the contractor must maintain the mechanical reliability of the vehicle by the ambulance operator by requiring inspections at specific mileage increments.

3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine its 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 FMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his/her personnel. In addition, the single physician supervisor will require inservice education, and Multnomah County requires attendance at mandatory inservice education 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 also a mechanism to assure of meeting continuing education requirements for the state of Oregon EMTs.

4a. Mass Casualty Incident Response Plan

A 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, Sauvie Island Fire, and Skyline 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 list of station locations for Portland Fire Bureau and the Gresham Fire Department is attached as Attachments 15 and 16.

Sauvie Island responds from only one location. Corbett Fire responds from three locations. Skyline Rural Volunteer Fire responds from 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 (PIC) 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 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 and west of I205. ASA 2 includes all other areas of Multnomah County.

6b. Other Districts

The fire districts are illustrated in Attachment 21. 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 transporting ambulances of each ASA will be dispatched by the same dispatch point (BOEC). There will be uniformity in application of all rules, protocols, and SOP's between the two ASA's. In addition, the RFP (see Attachment 11) requires 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. The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

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 freeway.

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 6.31.000, 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 Attachments 4 and 5.

7c.

Consumers will be provided a chance for input to the Emergency Medical Services program through two 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 a hearing every six months to determine that the level of service within the community is meeting the consumers' needs and that 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 discuss 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 its issue will be brought before a quality assurance committee, adequately aired, and that the outcome will be provided back to him/her. 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 a license within Multnomah County to provide ambulance service, Multnomah County Code provides a mechanism to license 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 an open competitive procurement process for delivery of ambulance service to one of the two ASAs on a four 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.

The same contractor may not serve both ASAs. Each provider who proposes on both ASAs will be asked to submit a choice of which ASA the proposer would prefer to serve if its proposal is the highest point ranking proposal in each ASA. The evaluation committee will determine which ASA to award to a proposer whose proposals are the highest point ranking proposal in each ASA. The committee will consider the request of the proposer as well as the point spread between proposers in making their decision. The second best proposal in the chosen ASA will be chosen as the winner in that ASA.

Steps for 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 Advisory Board and the Board of County Commissioners. 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 Advisory 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 Advisory 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) (at least one with a financial background, etc., CPA)
Multnomah Medical Society Representative
County Purchasing Representative (non-voting)
Emergency Medical Technician Paramedic Representative

8b. ASA Provider Selection Process, cont'd

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)

8c. ASA Provider Reselection Process

Provider reselection criteria.

A provider for the ASA 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 emergency ambulance service 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.

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Ambulance Plan
Revised Pg 42
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III, IV, V, VI.
→ p 43

Extra copies of
A, B, C. for today?