CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Study Session Worksheet

Presentation Date: June 12, 2012 **Approx Start Time:** ~~10:30 AM~~ 3:30 PM **Approx Length:** 1 hour

Presentation Title: Approval of the Amended Ambulance Service Plan

Department: Health, Housing and Human Services (H3S)

Presenters: Cindy Becker, Richard Swift, David Anderson, Larry MacDaniels

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Approval of the Amended Ambulance Service Plan, County Code Chapter 10.01.

EXECUTIVE SUMMARY:

At the direction of the Board of Commissioners, staff has prepared proposed amendments to the County Ambulance Service Plan adopted in 2005. Notification of interested parties per ORS 682.205, 682.063 was made by email February 8, 2012. Proposals received were addressed and considered by staff and the EMS Council. The EMS Council approved the draft plan presented by staff on May 31, 2012.

SUMMARY OF SUBSTANTIVE PLAN AMENDMENTS AND PLAN RETENTION

DEFINITIONS

- Updates definitions to match changes in Oregon Revised Statutes and Administrative Rules
- Adds new definitions for county, patient, on line medical control and medical resource hospital
- Clarifies definitions for response time zones (page 14/ page 18 redline)

MAPS

- Updates maps of ambulance service areas, fire districts, 9-1-1 dispatch areas and response time zones
- Includes all of the cities of Happy Valley and Oregon City in urban response time zone

DISPATCH

- Enables County to designate dispatch centers for ambulance providers (p.9 / p.12 redline)
- Requires dispatch centers to have a medical director & approved dispatch protocols
- Establishes goal of a single dispatch center
- Addresses dispatcher errors (p.13 / p.16 redline)

PENALTIES

- Increases penalties for failure to meet response time requirements for contracted providers (p.13 / p.17 redline)
- Allows penalties for every call delay if problem identified
- Addresses responsibilities of ambulance providers when an ambulance is not immediately available ("level zero")

MEDICAL DIRECTION AND SUPERVISION

- Clarifies and strengthens role of County EMS Medical Director (EMSMD) (p.16 / p.20 redline)
- Clarifies role of Emergency Physician Advisory Board (EPAB)
- Enables use of assistant medical directors
- Enables establishment of medical authority
- Clarifies problem resolution and sanctions (p.18 / p.23 redline)

OTHER

- Establishes goal of continued multi-agency joint training (p.17 / p.22 redline)
- Establishes goal of comprehensive County quality improvement plan for EMS (p.17 / p. 22 redline)
- Clarifies levels of care and personnel requirements (p.15 / p.19 redline)
- Clarifies requirements for mutual aid agreements and use of fire ambulance and other resources (p.20 / p.25 redline)

RETAINED IN PLAN

- Plan retains three ambulance service areas (Clackamas ASA, Canby ASA and Molalla ASA) and recognizes area currently served by Woodburn Ambulance Service
- Plan retains option to create an exclusive non-emergency market
- Plan does not change method of provider selection

FINANCIAL IMPLICATIONS (current year and ongoing):

No County general funds are involved.

LEGAL/POLICY REQUIREMENTS:

If the Board chooses to amend the plan, each element of the system must be addressed and considered as described in Oregon State statute and administrative rules. [ORS 682.063, OAR 333-260-0030] The Plan must be adopted by the Board as a non emergency ordinance and approved by the State of Oregon, Public Health Division. [ORS 682.205]

PUBLIC/GOVERNMENTAL PARTICIPATION:

Comments solicited from city managers, fire chiefs, medical directors, ambulance service providers and other interested parties. Final draft approved by EMS Council at a meeting on May 31, 2012.

OPTIONS:

The Board of Commissioners may choose to amend the ambulance service plan.

RECOMMENDATION:

We recommend approval of the amended ambulance service plan.

ATTACHMENTS:

Ambulance Service Plan with proposed amendments.

SUBMITTED BY:

Division Director/Head Approval _____

Department Director/Head Approval _____

County Administrator Approval _____

For information on this issue or copies of attachments, please contact Larry MacDaniels@ 503-655-8256

CLACKAMAS COUNTY CODE

TITLE 10

FRANCHISES

CHAPTER 10.01 Table of Contents

CHAPTER 10.01

10.01 AMBULANCE SERVICE PLAN

10.01.010 Certification by Board of County Commissioners

Clackamas County Code Chapter 10.01 is the Ambulance Service Plan for the County. The Board of County Commissioners hereby certifies that:

A. The County has included in this plan each of the subjects or items set forth in Oregon Administrative Rule 333-260-0020 and has addressed and considered each of those subjects or items in the adoption process.

B. In the Board's judgment, the ambulance service areas established in the plan will provide for the efficient and effective provision of ambulance services; and

C. To the extent they are applicable, Clackamas County has complied with ORS 682.062 and 682.063 and with existing local ordinances and rules.

[Codified by Ord. 05-2000, 7/13/00]

10.01.020 Overview of County

A. Clackamas County has a population of approximately 378,480 as of April 1, 2010, and an area of 1,879 square miles. Provision of emergency medical services presents a challenge due to the widely varying demographic and geographic areas within the County. The urbanized areas of the County within the Portland metropolitan urban growth boundary are densely populated, while rural areas are much less densely populated. More than one-third of the County

consists of federally owned National Forest or BLM land, which is less densely populated still. There are fourteen cities located wholly within the County, and two others partially inside County borders. Large parts of the urban area are unincorporated, with about 40% of County residents living outside of city boundaries. Geographically the County varies dramatically, rising from the 31-foot elevation at Oregon City to the 11,239-foot peak of Mt. Hood.

B. History of ASAs

In 1991 the Board approved the following Ambulance Service Areas: Canby ASA, Clackamas ASA, and Molalla ASA. Boundary descriptions are in the ASA Map (Section 10.01.040.A) and ASA Narrative Description (Section 10.01.040.B) of this Plan.

C. The Ambulance Service Plan, with associated agreements and contracts, is designed to assure high quality, timely medical care at the time of a medical emergency, and to coordinate public safety answering points, dispatch centers, first responders and transport agencies into a unified system for providing Emergency Medical Services.

[Codified by Ord. 05-2000, 7/13/00; Amended by Ord. 04-2002, 3/14/02]

10.01.030 Definitions

A. "AMBULANCE" means any privately or publicly owned motor vehicle, aircraft, or marine craft that is regularly provided or offered to be provided for the transportation of persons suffering from illness, injury or disability including any unit registered with the State of Oregon as an advance life support ambulance.

B. "AMBULANCE SERVICE AREA" or "ASA" means a specific geographic area of Clackamas County which is served by one ambulance service provider.

C. "AMBULANCE SERVICE PROVIDER" or "AMBULANCE PROVIDER" means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

D. "AMBULANCE SERVICE" means any individual, partnership, corporation, association, governmental agency or other entity that holds a Division-issued ambulance service license to provide emergency and non-emergency care and transportation to sick, injured or disabled persons.

E. "BOARD" means the Board of Commissioners for Clackamas County, Oregon.

F. "COUNTY" means Clackamas County, a political Subdivision of the State of Oregon.

G. "COUNTY EMS MEDICAL DIRECTOR" or "EMSMD" means a licensed physician employed by or contracted to the County to provide medical direction as required.

H. "DEPARTMENT" means the Clackamas County Department of Health, Housing and Human Services.

I. "DIVISION" means the Public Health Division, Oregon Health Authority.

J. "EMERGENCY AMBULANCE SERVICE" means the provision of advanced or basic life support care and transportation by ambulance, if appropriate, in response to medical and traumatic emergencies.

K. "EMERGENCY MEDICAL SERVICES" or "EMS" means those prehospital functions and services whose purpose is to prepare for and respond to medical and traumatic emergencies, including rescue and ambulance services, patient care, communications and evaluation.

L. "EMERGENCY MEDICAL SERVICES AGENCY" means an ambulance service or non-transport EMS service that uses emergency medical services providers to respond to requests for emergency medical services.

M. "EMERGENCY MEDICAL SERVICES PROVIDER" means a person who has received formal training in pre-hospital and emergency care, and is licensed to attend any person who is ill or injured or who has a disability.

N. "EMERGENCY MEDICAL SERVICES SYSTEM" means the system that provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of pre-hospital health care services in Clackamas County.

O. "EMERGENCY PHYSICIAN ADVISORY BOARD" or "EPAB" means an advisory board constituted by the Supervising Physician of each EMS responding agency in the County.

P. "EMS COUNCIL" or "COUNCIL" means Emergency Medical Services Council.

Q. "FIRST RESPONDER" or "FIRST RESPONSE AGENCY" means fire and other governmental or private agencies providing Emergency Medical Services.

R. "FRANCHISE" means a right granted by the Board to provide ambulance services as defined by ORS 682.027 on an exclusive basis but subject to the limits and conditions of this Plan. Assignment of an ASA to a rural fire protection district pursuant to Sections 10.01.070.A.1 and 10.01.070.A.2 of this Plan shall not be considered a franchise.

S. "FRONTIER AREA" means an area within an ASA which is designated as such on the map attached as Appendix A.

T. "MEDICAL DIRECTOR" or "SUPERVISING PHYSICIAN" means a licensed physician meeting the requirements of the Oregon Health Authority and employed or contracted by an agency to provide medical direction.

U. "MEDICAL RESOURCE HOSPITAL" or "MRH" means a medical communications facility contracted by the County which provides on-line medical control functions.

V. "NOTIFICATION TIME" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center ("9-1-1"), and the notification of all responding emergency medical service providers.

W. "ON-LINE MEDICAL CONTROL" or "OLMC" means a physician directing medical treatment in person, over a radio, by phone or through some other form of instant communication.

X. "PARTICIPATING PROVIDER" means a fire service agency (fire district or fire department) that has a contractual agreement with the County allowing the County to integrate agency resources into an EMS response plan including using agency responses to modify ambulance response time requirements.

Y. "PATIENT" means a person who is ill or injured or who has a disability and for whom patient care from an EMS Provider is requested.

Z. "PUBLIC SAFETY ANSWERING POINT" or "PSAP" means a call center responsible for answering calls to an emergency telephone number ("9-1-1") for police, firefighting and ambulance services. Trained emergency communications personnel are also responsible for dispatching these emergency services.

AA. "RESPONSE TIME" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.

BB. "RURAL AREA" means an area within an ASA which is designated as such on the map attached as Appendix A.

CC. "STAFFED" mean qualified persons, physically located at or immediately accessible to an ambulance provider's base of operation within an ASA, available on a 24-hour basis.

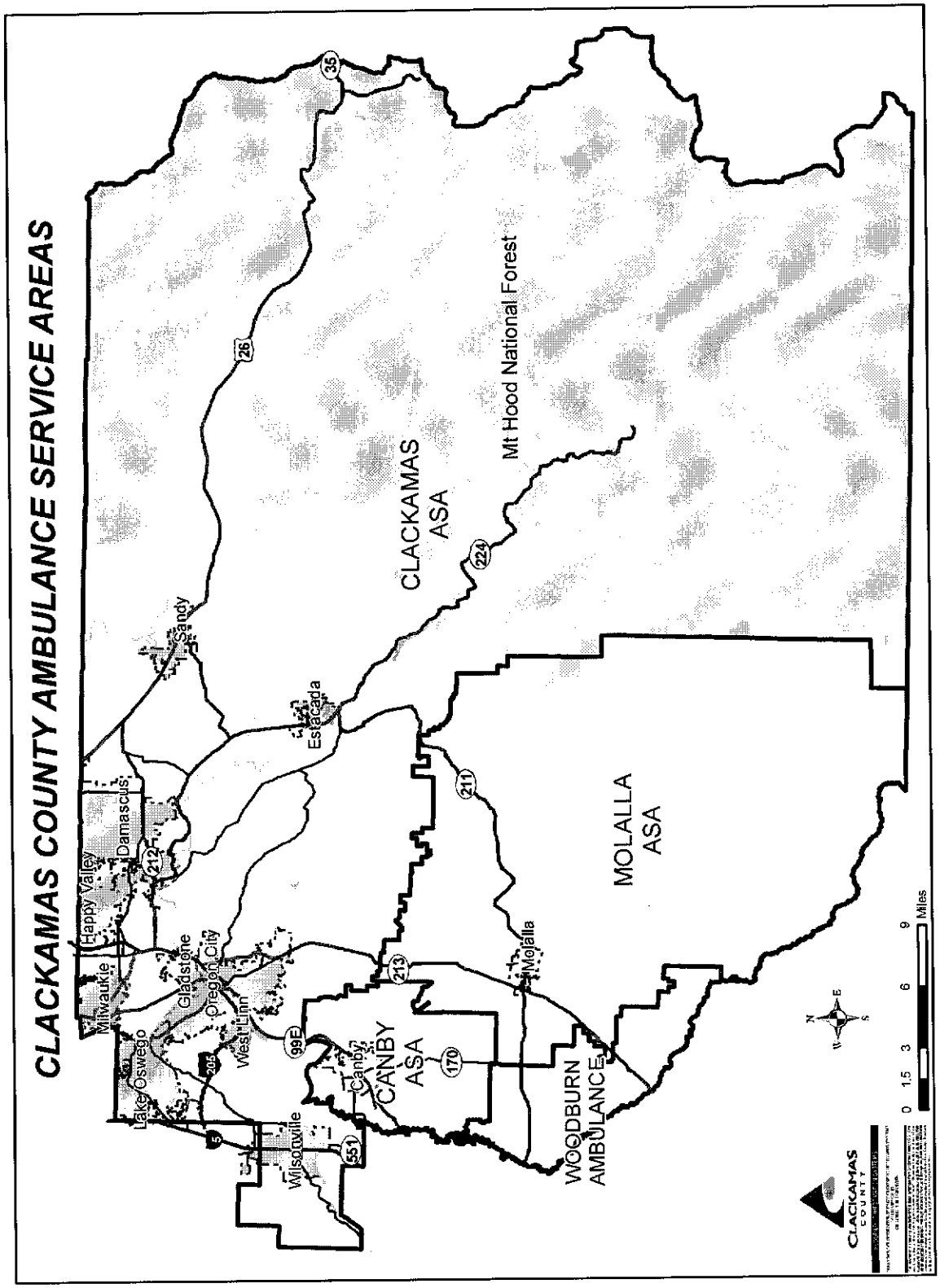
DD. "SUBURBAN AREA" means an area within an ASA which is designated as such on the map attached as Appendix A.

EE. "URBAN AREA" means an area within an ASA which is designated as such on the map attached as Appendix A.

[Codified by Ord. 05-2000, 7/13/00; Amended by Ord. 04-2002, 3/14/02]

10.01.040 Boundaries

A. ASA Map



B. ASA Narrative Description

1. Clackamas County is divided into the following ambulance service areas:

   a. The City of Molalla and the area served by the Molalla Rural Fire Protection District ambulance, including the Colton and Molalla Fire Districts, the part of Clackamas County Fire District #1 south of a line drawn along Buckner Creek Road, Gard Road, and Unger Road, and the Oregon Department of Forestry Fire Protection District south of Highway 211, within Clackamas County, known as the "Molalla ASA."

   b. The City of Canby and the area served by the Canby Fire Protection District ambulance, including the part of the Aurora Fire District within Clackamas County east of the Pudding River, known as the "Canby ASA."

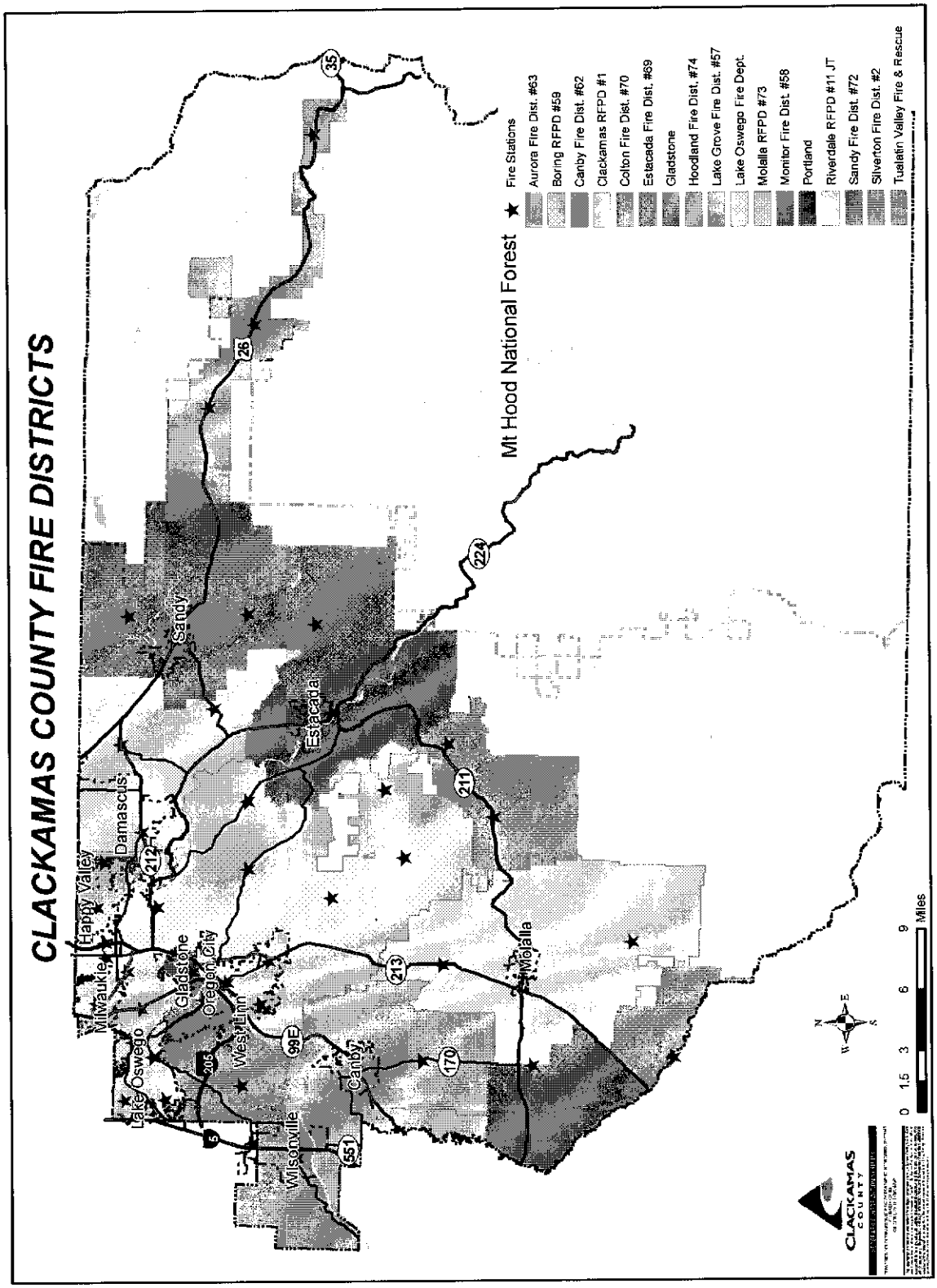
   c. The Clackamas Ambulance Service Area is composed of the remaining part of the County except the part of the City of Tualatin located in Clackamas County that is served under an intergovernmental agreement with Washington County, and the parts of the Aurora, Monitor and Silverton Fire Districts within Clackamas County that are served by Woodburn Ambulance Service.

      The following areas outside Clackamas County are served as part of the Clackamas ASA:

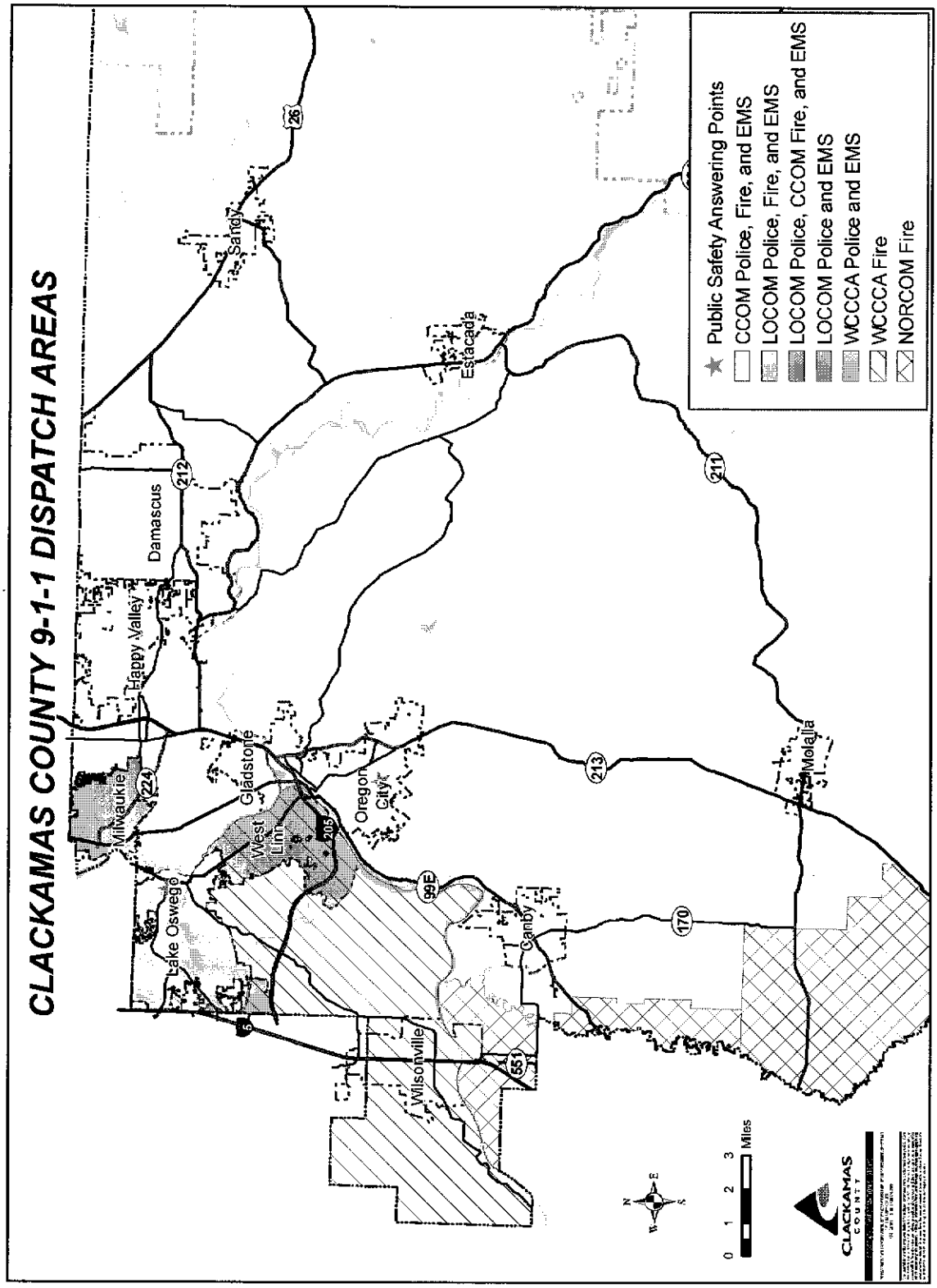
      - The City of Wilsonville within Washington County is served under an intergovernmental agreement with Washington County.
      - The parts of the Cities of Lake Oswego and Rivergrove that are within Washington County are served under an intergovernmental agreement with Washington County.
      - The part of the City of Lake Oswego that is within Multnomah County, and the Alto Park Fire District and the Riverdale-Dunthorpe Fire District within Multnomah County.

2. The Board reserves the right, after further addressing and considering the subjects or items required by law, to change the boundaries of these ASAs, or create other ASAs, or incorporate or remove exclusive non-emergency services in one into one or more ASAs in order to provide for the effective and efficient provision of emergency medical service.

C. Fire District Map



D. 9-1-1 Map


CLACKAMAS COUNTY 9-1-1 DISPATCH AREAS
Public Safety Answering Points
CCOM Police, Fire, and EMS
LOCOM Police, Fire, and EMS
LOCOM Police, CCOM Fire, and EMS
LOCOM Police and EMS
WCCCA Police and EMS
WCCCA Fire
NORCOM Fire
Sandy
Estacada
Damascus
Happy Valley
Milwaukie
Gladstone
West Linn
Oregon City
Lake Oswego
Wilsonville
Canby
Molalla
Miles
0 1 2 3
CLACKAMAS COUNTY

E. Alternatives Considered to Reduce Response Times

1. The County believes that, while there are many artificial and geographic barriers to improving response times, e. g., distance, rural population and density, etc., by establishing maximum response times based on urban, suburban, rural and frontier categories, establishing a procedure that monitors response time performance and establishing a system of times and penalties for failure to comply, the County has established the framework from which Ambulance Providers can operate to provide rapid response times in their service to the community. Additionally, by establishing market rights of sufficient size and duration, the County enables providers to serve the community more efficiently.

2. The County expects Ambulance Providers to use their best expert and professional judgment in deciding upon various methods of achieving and maintaining the level of ambulance service performance required. "Methods" include, but are not limited to, compensation programs, shift schedules, personnel policies, supervisory structure, vehicle deployment techniques and other internal matters which, taken together, comprise strategy for getting the job done in the most effective and efficient manner possible.

   The County recognizes that different Ambulance Providers may employ different methods to achieve equal success. By allowing each Ambulance Provider a wide range of management methods, the County hopes to inspire innovation, improve efficiency, and reduce costs without sacrificing the system's performance.

3. The County believes that a well-designed, effective partnership between First Response Agencies and Ambulance Service Providers may allow a reduction in ambulance response time requirements in the county. Through this plan the County encourages transport providers to work closely with advanced life support and other first response agencies to develop programs that will deliver medical care as rapidly as possible while enhancing countywide service or reducing rates. The county believes that well-articulated, cooperative efforts improve patient outcomes and therefore encourages all EMS providers to work toward this goal.

[Codified by Ord. 05-2000, 7/13/00; Amended by Ord. 04-2002, 3/14/02]

10.01.050 SYSTEM ELEMENTS

A. 9-1-1 Dispatched Calls

The County designates dispatch centers for Ambulance Providers. Dispatch centers providing ambulance dispatch shall have a Medical Director and use emergency medical dispatch protocols approved by the EMSMD. This plan establishes the goal of a single dispatch center, designated by the County, to provide dispatch and data collection for Emergency Medical Services.

9-1-1 calls for medical assistance in Clackamas County are currently received by two Public Safety Answering Points (PSAP), Clackamas County Communications (C-COM) and Lake Oswego Communications Center (LOCOM).

C-COM dispatches fire and EMS in the Molalla ASA, the Canby ASA, and the Clackamas ASA east of the Willamette River, and forwards information to North Marion County Communications (NORCOM) and Washington County Consolidated Communications Agency (WCCCA) for dispatch in the areas served by Tualatin Valley Fire and Rescue and Woodburn Ambulance Service.

LOCOM dispatches fire and EMS in Lake Oswego and the Clackamas ASA served by the Lake Oswego Fire Department.

NORCOM dispatches fire and Woodburn Ambulance Service in the Aurora, Monitor and Silverton Fire Districts within Clackamas County.

WCCCA dispatches fire and EMS in the part of the Clackamas ASA served by Tualatin Valley Fire and Rescue.

9-1-1 requests for ambulance service to C-COM and LOCOM are currently transmitted electronically to the franchisee which operates a communications center in Multnomah County, Oregon. The franchisee may employ its own methods for deploying and notifying ambulances and will be electronically linked to key C-COM systems. The franchisee will employ an approved method of data capture and transmission to assure that specific verifiable and auditable data elements, required for dispatch and performance evaluation are made available in a format that allows the County to adequately measure, evaluate and regulate system performance. Dispatch tasks employed by the franchisee and the franchisee's computer links with C-COM and LOCOM will not reduce the franchisee's responsibility for its dispatch and response time performance.

Dispatch centers participating in 9-1-1 and non-emergency dispatch of ambulance resources within the County, including non-emergency ambulance providers, will utilize and comply with protocols for emergency medical dispatch and priority dispatch that have been approved by the County EMS Medical Director, with the advice of EPAB. All calls classified as emergency calls under the approved protocols will be immediately forwarded, transferred or otherwise communicated, in accordance with protocols established by the County, to the appropriate dispatch centers for EMS and emergency ambulance providers.

B. Pre-arranged Non-emergency Transfers and Inter-facility Transfers

The County reserves the right to grant exclusive market rights for non-emergency ambulance service in the future at any time that the Board determines that it is in the County's interest.

The franchisee in the Clackamas ASA may specifically compete in the non-emergency and interfacility segment of the market and may utilize ambulances and personnel deployed to meet its emergency responsibilities in non-emergency service, provided that the franchisee complies with the requirements of the franchise contract.

The Department may adopt regulations and requirements for the issuance of non-emergency ambulance permits. Failure to meet any of these requirements may be grounds for the denial or revocation of an ambulance permit.

The denial or revocation of any ambulance provider permit by the Department may be appealed to the Board, whose decision will be final.

C. Notification and Response Times

1. Notification Times

The County may require dispatch centers that receive requests for service and dispatch ambulances to report call answer times, notification times, total call processing times and compliance with emergency medical dispatch protocols.

The County may establish specific maximum times for use in calculating the performance of each center. If the County has not established maximum standards for any center, the center will report its performance at the 90th percentile. For example: 90% of calls answered within 23 seconds, 90% of notifications made within 54 seconds, 90 % of calls processed within 2 minutes and 14 seconds, and 92% compliance with EMD protocols.

If an Ambulance Service Provider receives a call for Emergency Ambulance Service as determined by approved dispatch protocols on a non-emergency telephone line, that service shall immediately notify the appropriate designated dispatch center. Ambulance Service Providers shall report the number of calls turned over to designated dispatch centers, and the time required to turn over the call, each month.

2. Response Times

Ambulance Service Providers are encouraged to exceed minimum performance requirements.

a. Initially, response times for Code-3 calls shall be within the following response time limits.

   i. Urban Areas: Maximum response time of 8:00 minutes for 90% of all emergency calls.

   ii. Suburban Areas: Maximum response time of 12:00 minutes for 90% of all emergency calls.

   iii. Rural Areas: Maximum response time of 25:00 minutes for 90% of all emergency calls.

   iv. Frontier Areas: Maximum response time of 2:00:00 hours for 90% of all emergency calls.

   Where response time areas are divided along the centerline of a road, the shorter response time shall apply to both sides of the road and to all property having immediate access from that road. The County will monitor response times and if it is found that more than 10% of the emergency calls in any type of response zone are not responded to in the required maximum response times or less during any calendar month, the ambulance provider may be required to redeploy or add additional units, or the County may, if it is determined to be in the public interest, seek revocation of a franchise, ASA assignment, or other remedies.

b. The Board may modify the response time requirements detailed above to promote efficient and appropriate responses to 9-1-1 emergency calls, including modifications adopted in agreements to integrate first responder services delivered by Participating Providers. The Department and County EMS Medical Director will provide recommendations to the Board after reviewing proposed modifications to the requirements with consideration of the following:

- The level of acuity of each call, using modern emergency medical dispatch and priority dispatch capabilities.
- Clinical evidence that any particular standard is more efficacious.
- The efficient use of system resources.
- Alternative delivery systems including, but not limited, to approved advanced life support first response.
- The projected economic impact of any proposed change.
- Requests from local governmental jurisdictions.

c. Emergency response time for ambulances will be calculated from the time that a call is received by the Ambulance Provider until the time that the provider's first ambulance arrives on-scene.

In areas where a Participating Provider has a contractual agreement with the County, response time for the Participating Provider will be calculated from the time a call is received by the Participating Provider to the on-scene arrival of the Participating Provider.

If a designated dispatch center downgrades a call from emergency status, the above maximum response times will not apply. Ambulance Providers shall be responsible, however, for responding to such a downgraded call within the appropriate response time criteria, if any, for the downgraded priority. The County may adopt rules to govern calculation of response time performance in cases of upgrades and downgrades of response priorities and for nonemergency calls.

Ambulance Providers will not be held responsible for response-time performance on an emergency call outside the ASA. However, Ambulance Providers shall use their best efforts in responding to mutual aid calls.

Responses to emergency calls outside the ASA will not be counted in the number of total calls dispatched used to determine contract compliance statistics.

For the purpose of measuring contract compliance, each incident will be counted as only one call dispatched, no matter how many units respond to the incident.

Each month Ambulance Providers shall document in writing, in a manner as required by the County, each ambulance call dispatched.

Each month Ambulance Providers contracted by the County shall document in writing, in a manner as required by the County, each ambulance call dispatched which was not responded to within a response time for the area of the call. If more than 10% of the emergency calls in any type of response zone are not responded to in the required maximum response times or less during any calendar month, the Ambulance Provider shall identify the cause of such extended response time and shall document its efforts to eliminate repetitions of that cause of poor response-time performance.

When an Ambulance Provider utilizes mutual aid or another ambulance resource to respond to a call, such response shall not be counted as a late response unless the response time standard is not met, or no response time is reported. Section 10.01.060.C addresses the use of mutual aid agreements.

d. Response Time Exemptions

It is understood that unusual circumstances beyond an Ambulance Provider's reasonable control can cause response times to exceed the aforementioned standards. Equipment failure, traffic accidents or lack of a nearby ambulance shall not furnish grounds for release from late run deductions or general response time standards.

Dispatcher errors by an Ambulance Provider's selected dispatch center shall not furnish grounds for release from late run deductions or general response time standards.

If an Ambulance Provider believes that any run or group of runs should be exempt from response time standards due to unusual circumstances beyond the Ambulance Provider's reasonable control, it may request that these runs be excluded from response time performance calculations and late run penalties. If the Department concurs that the circumstances were due to unusual circumstances beyond the Ambulance Provider's reasonable control, the Department will allow such exemptions in calculating overall response time performance and in assessing late run penalties. Additional detail and requirements regarding response time exemptions will be contained in the franchise request for proposals and any resulting contract.

e. Penalties for Failure to Meet Response Time/Performance Criteria

Response time performance of Ambulance Providers under contract to the County shall be reviewed monthly. For those months that the provider fails to respond to 90 percent of all Code-3 calls within a time period specified under Response Times (Section 10.01.050.C.2), the County will review appropriate system-status plans, unit-hour production capacities, or other factors to determine the causes of noncompliance. For those months that the provider fails to meet the 90 percent standard, a $1,000 financial penalty for each one-tenth of a percentage point less than 90 percent will be assessed for each individual zone (i.e., Urban, Suburban, Rural and Frontier). The penalty will increase to $2,000 for each one-tenth of a

percentage point less than 90 percent if the provider fails to meet the 90 percent standard in additional consecutive months. The same penalties will apply if response times for Code-1 calls established by the County are not met.

For monitoring purposes, each zone (i.e., Urban, Suburban, Rural and Frontier) shall have, in addition to the 90-percent standard, a response time limit for every call. The Code-3 every call time limits are: 12 minutes-Urban, 20 minutes-Suburban, 45 minutes-Rural, 4 hours-Frontier). The County will review calls exceeding these time limits and may impose penalties if necessary to resolve significant problems.

Calls referred to another agency will be included as part of the response-time requirements.

Penalties for failure to report "at-scene" times for calls will be assessed at $300 for each incident, but such at-scene times may be established from appropriate data, including radio transmissions identifying the scene time or first responder reports. The contract governing a franchise may further define or restrict methods for reporting at-scene and other times.

Ambulance Providers shall notify the dispatch center designated by the County when no ambulances are immediately available. A $1,000 penalty will be assessed for any instance when a contracted Ambulance Provider fails to respond to an emergency ambulance call within three (0:03:00) minutes of notification. No such penalty will be assessed if a call is handled by mutual aid referral.

f. Response Time Map Changes

The response time map attached as Appendix A reflects historical commitments made by the Board to various communities in the county regarding ambulance response times, and incorporates changes based on population increases within the county since 2005. In the event that changed circumstances, such as population growth or other changes, indicate a compelling need to change the response time map, the following procedure will be followed.

The Director of the County Department of Health, Housing and Human Services shall proceed with proposed response time map changes by giving prior written notice of the proposed changes to any city or fire district whose territory would be affected. At the request of any affected city or fire district, any proposed changes will be forwarded to the Board for decision by the Board.

In reviewing proposed changes to the response time map, the County may consider the following general guidelines:

"Urban area" designation may be appropriate for areas within an ASA which are in an incorporated city with a population greater than 9,000 persons and a population density greater than 2,000 persons per square mile, or which consist of census tracts having a population density greater

than 2,000 persons per square mile that are contiguous to such an incorporated city.

"Suburban area" designation may be appropriate for areas within an ASA which are non-urban but are contiguous to urban areas, and consist of census tracts having a population density between 1,000 and 2,000 persons per square mile, or for traffic corridors in which the suburban response time standard can be extended without unduly adding to system cost.

"Rural area" designation may be appropriate for areas within an ASA which are not urban, not suburban, and which are either an incorporated city of less than 9,000 population, or consist of census tracts having a population density less than 1,000 persons per square mile, or for traffic corridors in which the rural response time standard can be extended without unduly adding to system cost.

"Frontier area" designation may be appropriate for areas within an ASA which are not urban, suburban, or rural areas, and for inaccessible or roadless areas of the National Forest where rural response times cannot be achieved without unduly adding to system cost.

The Director of the Department may make changes in the response time criteria detailed above to make the County criteria consistent with State mandated Trauma System and/or criteria used for similar purposes and reporting.

D. Levels of Care

1. Ambulance Service Providers for each Ambulance Service Area:
   a. Shall provide service at the advanced life support level, staffed by Emergency Medical Services Providers as described in Section 10.01.050.E, on a 24-hour basis.
   b. Shall maintain vehicles and equipment that conform to the standards, requirements, and maintenance provisions established by the County or in Oregon Revised Statutes and in the rules adopted by the Division.
   c. Shall maintain and make available, upon request of the Department, patient care records in a form approved by the Department.
   d. Shall prohibit the performance of Emergency Medical Services Providers or trainees who suffer suspension, revocation, or termination of license by the Division.

E. Personnel

1. All Ambulances used to provide emergency or non-emergency service in the County must be staffed with Emergency Medical Services Providers licensed by the State of Oregon. Emergency Medical Services Providers are required to have a Medical Director who meets the requirements of the Division.
2. Advanced Life Support Ambulances shall be staffed at minimum with two Emergency Medical Services Providers. The minimum level of staffing is one (1) licensed Paramedic and one (1) licensed Emergency Medical Technician.

3. Emergency Medical Service Providers deployed by Participating Providers as part of a plan to modify ambulance response time requirements shall meet, at a minimum, the licensing and authorization standards established for Ambulance Providers by the County EMS Medical Director.

F. Medical Supervision

This Plan establishes the goal of unified medical direction for Emergency Medical Services within the County while maintaining the collaborative relationship between Medical Directors.

1. The County EMS Medical Director is hired or contracted by the County to serve as the medical advisor to the County for Emergency Medical Services and shall meet the qualifications of the Oregon Health Authority for EMS Supervising Physicians.
2. The EMSMD:
   - Serves as the Medical Director for Ambulance Service Providers contracted by the County and may serve as the Medical Director for any agency providing Emergency Medical Services in Clackamas County.
   - May implement protocols and set standards of care for Ambulance Service Providers and Participating Providers serving Clackamas County and may require patient care equipment, supplies and medications in addition to those required by the state.
   - May, in appropriate cases, suspend medical authorization for Emergency Medical Services Providers working under his/her medical authorization.
   - Provides oversight of the County quality improvement program.
   - Assists the County in disaster preparedness and response.
   - May recommend modifications to the response time requirements in the Ambulance Service Plan.
   - Participates in the regional protocol development process.
3. The County may hire or contract assistants to help carry out the duties assigned to the EMSMD. The EMSMD retains the sole responsibility for all assigned duties.
4. The Medical Directors of Emergency Medical Service agencies, including dispatch centers, in the County constitute the Emergency Physicians Advisory Board (EPAB). The EPAB advises the County EMS Medical Director about significant EMS system issues including:
   - Staffing requirements for EMS services.
   - Coordination of ambulance services with other EMS services.
   - Training needs of EMS services and providers.
   - Standards for quality improvement programs.
   - Procedures for the resolution of quality assurance problems.
   - Sanctions for noncompliant personnel and providers

5. Ambulance Service Providers, Participating Providers and dispatch centers shall have a Medical Director who meets standards established by the Department and the EMSMD.
6. Dispatch centers providing ambulance dispatch shall have a Medical Director and use emergency medical dispatch protocols approved by the EMSMD.
7. The County may establish a County EMS Medical Authority comprised of the EMSMD and the Medical Directors of Participating Providers, approved and contracted by the County, to provide medical direction to EMS agencies.
8. Medical supervision is also addressed in the Quality Improvement provisions of this Plan (Section 10.01.050.J).

G. Patient Care Equipment

Patient Care Equipment is addressed in the Levels of Care provisions of this Plan (Section 10.01.050.D), and the Vehicles provisions of this Plan (Section 10.01.050.H).

H. Vehicles

Ambulance Service Providers for each Ambulance Service Area shall:

1. Supply a sufficient number of vehicles outfitted with necessary equipment and supplies as required by the County and Oregon Revised Statutes and Administrative Rules.
2. Report annually to the Department, upon request, the type, age and mileage of each vehicle.
3. Provide to the Department upon request a written description of its program of vehicle and equipment maintenance and inventory control. Providers may modify such maintenance and inventory control programs, from time to time, as necessary to improve performance and contain costs.

I. Training

1. The County expects all Emergency Medical Service Agencies to meet State-required licensing levels, participate in a medical audit process, and to provide special training and support to personnel in need of specific training.
2. Participating Providers will ensure that the EMS Providers utilized in EMS response meet the initial, recurrent and competency based training standards established by the EMSMD.
3. This plan establishes a goal of conducting Multi-Agency Training for all Ambulance Service Providers and First Responder Agencies at least once each year.

J. Quality Improvement

1. This plan establishes a goal of a countywide quality improvement program that includes a database integrating data for PSAP handling of medical calls, first response agencies, ambulance service providers and hospital outcome.
2. The EMSMD provides oversight of the County quality improvement program.

3. Ambulance Service Providers and Participating Providers shall participate in medical oversight as directed by the County, and shall provide data to the County for quality improvement as requested and in a manner determined by the County to be secure, reliable and accessible by quality improvement personnel.
4. Ambulance Service Providers and Participating Providers shall meet state-required licensing levels, participate in a medical audit process, and provide special training and support to personnel in need of specific training.
5. Each agency will be responsible for maintaining an internal quality assurance program including monitoring performance of its personnel, responding to complaints and addressing errors and serious events.
6. At a minimum, the County expects Emergency Medical Services Agencies to:
    a. Supervise the services provided by them.
    b. Participate actively in the medical audit process, provide special training and support to personnel found in need of special assistance in specific skill or knowledge areas, and provide additional clinical leadership by maintaining a current and extensive knowledge of developments in EMS equipment and procedures;
    c. Maintain State and local vehicle permits and personnel licenses;
    d. Cause all official EMS policies and protocols to be properly implemented in the field. Where questions related to clinical performance are concerned, Emergency Medical Services Agencies shall satisfy the requirements of the Division and the County. EMS Agencies shall ensure that knowledge gained during the medical audit process is routinely translated into improved field performance by way of training, amendments to operating procedures, bulletins, and any other method necessary to ensure it becomes standard practice.
    e. Utilize the services of a Medical Director to review the quality of care provided by them.
7. Problem Resolution: the County, with advice from the EMSMD, EPAB and EMS Council, will develop a procedure for the resolution of quality assurance problems. Where EMS Services are provided pursuant to a contract with Clackamas County, the contract shall set forth a procedure for addressing and resolving quality assurance problems.
8. Sanctions: the County may implement sanctions for noncompliant personnel and providers subject to this plan. Where EMS Services are provided pursuant to a contract with the County, the contract shall set forth sanctions to be applied in the event of a major breach by the provider, and shall set forth end-of-term provisions designed to provide an orderly transition if necessary.

K. Changes by Board

The Board reserves the right, after further addressing and considering the subjects or items required by law, to change system elements described in Sections

10.01.050.A through 10.01.050.J in order to provide for the effective and efficient provision of emergency medical services.

[Codified by Ord. 05-2000, 7/13/00; Amended by Ord. 04-2002, 3/14/02]

10.01.060 COORDINATION

A. The Entity that will Administer and Revise the ASA Plan

The Director of the Clackamas County Department of Health, Housing and Human Services or his/her designee shall be responsible for the administration of this Plan. The Board of County Commissioners of Clackamas County will be responsible for revisions to this Plan.

B. Process for Input and Complaint Review

1. Complaints will be reported to the Director or his/her designee for investigation.
2. Complaints of a clinical nature and those that may have clinical components will be referred to the agency medical director for investigation. Urgent issues and complaints of an egregious clinical nature may be referred directly to the EMSMD for assistance in generating an immediate investigation and/or intervention.
3. To provide regular consultation on EMS issues, the Board has appointed an Emergency Medical Services Council composed of eleven members as follows:
   a. One representative of a commercial ambulance service provider;
   b. One representative from a governmental agency that provides ambulance services, if there is such an agency;
   c. One representative from the Clackamas County Fire Defense Board;
   d. One emergency medicine physician from a hospital within Clackamas County.
   e. One Medical Director to an EMS Agency in Clackamas County;
   f. One governmental representative from Clackamas County as recommended by the Director of the Department of Health, Housing and Human Services;
   g. One licensed Paramedic currently providing prehospital emergency medical care in Clackamas County;
   h. One Basic Life Support Emergency Medical Provider currently providing prehospital emergency medical care in Clackamas County;
   i. One person representing a city in Clackamas County.
   j. One person representing consumers of ambulance services;
   k. One person representing a Primary Public Safety Answering Point (PSAP) Communications Center within Clackamas County.
4. Appointments shall be made for a term of three years.

5. The Council shall adopt bylaws to govern the operations of the Council.
6. The Council shall advise the Board and the Department in all matters relating to this Plan and matters relating to prehospital emergency medical services, and provide consultation or make recommendations as may be requested by the Board or the Department.

C. Mutual Aid Agreements

Ambulance Providers shall enter into effective agreements for mutual aid or additional ambulance resources and provide copies of such agreements to the County.

Mutual aid agreements must include provisions for moving resources into an ASA for disaster and mass casualty incidents.

When no ambulance is immediately available in an ASA, the Provider shall request mutual aid assistance and assist the appropriate PSAP to identify and dispatch the next closest available ambulance.

Ambulance Providers are required to use best efforts to provide a response to all requests for mutual aid from neighboring jurisdictions.

Should delivery of mutual aid service to any neighboring jurisdiction become excessive, indicating that such jurisdiction is relying heavily upon another system for emergency service, the Ambulance Provider shall so inform the County and discuss adjustment of the delivery of mutual aid service to that neighboring jurisdiction to a level more consistent with mutual aid requests by other neighboring jurisdictions.

Mutual aid responses shall be reviewed at least annually unless problems or deficiencies occur. If it is found that an Ambulance Provider is relying on mutual aid to mask coverage deficiencies, the Ambulance Provider may be required to re-deploy units or add unit hours to cure deficiencies.

D. Disaster Response

1. County Resources Other than Ambulances

   The County will establish, in consultation with its Department of Emergency Management, the Fire Defense Board and law enforcement agencies, an inventory of County resources available to assist in any disaster response.

2. Out of County Resources

   The County will establish, in consultation with its Department of Emergency Management, the Fire Defense Board, law enforcement agencies and neighboring jurisdictions, an inventory of out of County EMS resources available to assist in any disaster response. Provisions for disaster response will be included in all mutual aid agreements.

3. Mass-Casualty Incident Plan

   The County will establish, in consultation with its Department of Emergency Management, the Fire Defense Board, law enforcement agencies and neighboring jurisdictions, a mass casualty plan to be used in any mass

casualty incident. Provisions for mass casualty response will be included in all mutual aid agreements.

4. Response to Terrorism

   The County will establish, in consultation with its Department of Emergency Management, the Fire Defense Board and law enforcement agencies, a plan for responding to terrorism incidents including, weapons of mass destruction / effect and bio-terrorism incidents. Law enforcement will be the lead agency in the immediate response and mitigation of terrorist threats or incidents. The Department will be the lead health agency in determining the appropriate health agency response. The Public Health Officer will be the lead physician at the agency and the County EMS Medical Director will assist in coordinating EMS resources.

5. The County has an obligation to provide assistance to other communities during disasters or other extraordinary emergencies. All Ambulance Providers shall cooperate with the County in rendering emergency assistance to its citizens and to other communities during such events.

   During such periods, and upon authorization from the County, Ambulance Providers will be exempted from responsibilities for response-time performance until notified that the assistance within the County or to other communities is no longer required. At the scene of the disaster or other extraordinary emergency, the Ambulance Providers' personnel shall perform in accordance with local emergency management procedures and protocols established by the affected County.

   When an Ambulance Provider is notified that disaster assistance is no longer required, it shall return all of its resources to the primary area of responsibility, and shall resume all operations in a timely manner.

6. Ambulance Providers shall use the incident command and personnel accountability systems adopted by the Clackamas County Fire Defense Board, and provide necessary training to their employees.

7. Ambulance Providers shall participate in County disaster planning and training exercises as requested.

E. Personnel and Equipment Resources

1. Non-Transporting EMS Provider Agencies

   EPAB may recommend standards for certification, equipment, standards of care, clinical protocols and patient hand-off procedures for all non-transporting EMS Providers. Individual agency Medical Directors will be responsible for implementing and supervising the agency's adherence to these standards.

2. Participating Provider agencies shall comply with standards for certification, equipment, standards of care, clinical protocols and patient hand-off procedures established by the County EMS Medical Director. Should any Participating Provider utilize a Medical Director in addition to the County