



Emergency Medical Services Strategic Plan (2019 – 2022)

Last revised: April 29th, 2019

Participating Agencies

American Medical Response
Canby Fire Department
Clackamas Fire District #1
Colton Fire District
Estacada Fire Department
Gladstone Fire Department
Hoodland Fire District
Lake Oswego Communications
Lake Oswego Fire Department
Molalla Fire District
Tualatin Valley Fire & Rescue
Clackamas County C-COM
Clackamas County Disaster
Management
Clackamas County Public Health

Message from the EMS Council Chair

January 2019

As Chair of the Clackamas County EMS Council, I want to acknowledge the amazing opportunity ahead of us. As AMR's 5 year contract for the Clackamas ASA comes to a close and a 5 year contract extension is presented to the Board of County Commissioners, we have an opportunity as stakeholders to take a transparent and collaborative look at the current ASA. I believe it is our obligation and duty to provide input regarding changes that can be made to the Clackamas County emergency medical services (EMS) system to increase efficiencies and ultimately improve patient care and outcomes.

Clackamas County EMS is unique in many ways, one of which is the many first response agencies and strategic partners who play a critical role in delivering high quality EMS and community health services throughout the Clackamas ASA. This strategic business plan has been developed utilizing input from these and other stakeholders. This plan is consistent with the EMS Council's goals developed in 2006, as well as the ALS Consortium input regarding the 2014 ambulance service contract RFP process.

Due diligence is necessary for any revision, extension, or amendment to the current ambulance service contract for the Clackamas ASA to fully ensure that integration, collaboration, cost savings and a sustainable EMS model is ready to meet the changing needs of our community. An extended ambulance service agreement must include and facilitate a plan to include future population growth, agility in plan design, and advancements in the broader healthcare system.

Much has changed since the 2014 Clackamas ASA contract for service began. Let us utilize this opportunity and strategic business plan to identify and implement improvements and efficiencies to the Clackamas ASA that will allow us to provide better patient care, attain better patient outcomes, and improve the health of Clackamas County's residents.

Bill Conway, Chair
Clackamas County EMS Council

Background

In 1991 the Clackamas County Board of County Commissioners approved the following Ambulance Service Areas: Canby ASA, Molalla ASA, and Clackamas ASA. According to the current Ambulance Service Plan (last revised in 2012), the definitions are as follows:

Canby ASA

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.

Molalla ASA

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.

Clackamas ASA

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.

In the past decade, Clackamas County has experienced rapid population and construction growth rates. Those rates are expected to increase as buildable residential property and suitable industrial land are being developed. The EMS system in the county must plan for additional increases as the more suburban and rural areas are urbanized and the population centers become more densely populated through infill and increased regional planning efforts.

In 2012, Clackamas County anticipated these emerging needs and released a Request For Proposal (RFP) for ambulance transport services for the Clackamas ASA, which resulted in a 5-year contract awarded to American Medical Response (AMR). Since then, much has been accomplished over the past 5 years that has resulted in a more collaborative and improved EMS system in Clackamas County. Looking forward, this presents opportunities to continuing to advance and improve the care that patients receive.

This document provides guidance for the major and minor improvements that can be accomplished over the next 5 years. This plan is meant to be dynamic and frequently reviewed and revised, as necessary.

Strategic Priorities

The following list of priorities is a summary from strategic planning sessions and individual meetings with relevant Clackamas County EMS stakeholders during Fall of 2018. These items serve as the overarching priorities that will be worked on through implementation of the EMS Strategic Plan over the next three years.

Ambulance Service Area Plan Review

The Clackamas County Ambulance Service Area Plan is 6 years old and in need of review. A comprehensive review of this plan during the first year of the contract extension period with a consultant or outside facilitator would assist in providing professional guidance and project management support.

Medical Priority Dispatch System Integration

The County operates using 4 dispatch centers, which creates system fragmentation and confusion resulting in delayed notification times and responses. Further integration and improvement of dispatch centers would result in better patient outcomes and utilization of agency resources. The Clackamas County EMS Council supports our dispatch centers efforts to achieve accreditation through the international Medical Priority Dispatch System (MPDS). This accreditation would allow for innovations, such as nurse triage and single unit or paramedic resource responses to occur.

AVL Integration

Integration of communications and technology between the private ambulance provider and public fire agencies should be undertaken. Specifically, this should include fully functional Automatic Vehicle Locators (AVL) and the sharing of the data produced by AVL. Additionally, AVL must be integrated into the Public Safety Answering Point (PSAP).

Quality Assurance & Quality Improvement Integration

Currently, each agency is collecting individual patient care and response data. Although agencies work hard to share data, this fragmentation inhibits utilization of system performance evaluation. The implementation of “data dashboards” and the facilitation of central data migration must be prioritized. This will promote QA/QI, as well as compliance accountability and ensure consistent, timely, and transparent data that can be used to positively impact patient outcomes. Furthermore, it would ensure transparent real time feedback on deployment models, data collection and allow us to adjust accordingly to meet the QA/QI enhancement goals.

Community Paramedic Program & Response

The Mobile Integrated Health Community (MIH) Paramedic Program is successful in reaching frequent 911 users, such as opioid overdose patients, behavioral health patients in crisis, the houseless, the elderly, the vulnerable, and other individuals struggling with access to care. Further success is being realized through the direct working relationship between the Community Paramedics and the various county resources that specialize in assisting each of these specific subsections of frequent 911 users. This successful collaborative approach is one example of a program that was not even conceptualized during the last RFP process. As the Community Paramedic program successes continue to grow, it will be important to seek out external funding to sustain and expand these programs.

Combined Resources

Further integration is needed to work towards minimizing duplication in emergency services. Agencies deployment plans must be reviewed and structured with consideration of the fixed fire agency resources and mobile ambulances to improve overall service delivery.

Single Resource Response

Ambulance only, and fire apparatus only, responses must be considered in order to provide the opportunity to more efficiently manage and maximize our limited resources.

Education & Training

Collaborative education and training must be increased. Multi-Agency Training (MAT) has proven extremely successful, but more is needed. Further, to develop the future workforce agencies must work on recruitment and retention strategies that attract quality paramedics. Collaborative paramedic training program models should be explored in an effort to provide opportunities to existing fire and AMR non-paramedic personnel to upgrade their licenses to the paramedic level.

Public Education

A coordinated public education campaign benefits the EMS system through the provision of the consistent, targeted, and appropriate messaging to high risk groups in the community. Various campaigns may be undertaken by providers who currently deliver some level of public information and education (e.g. fire, EMS, local hospitals). The creation of a public education consortium that meets regularly, is connected with the medical community, and provides materials and support for targeted campaigns should be explored.

Equipment Standardization

As the system moves toward further equipment integration, a defined timeline, and specified priorities are needed. Ideally, this would include a single charting platform agreed upon by all agencies and standardized cardiac monitors. This integration will facilitate safety and efficiency, while reducing the potential for error or miscommunication.

Water Rescue and Reach & Treat Teams Integration

The lifeguard program should be integrated with the scalable capabilities of the regional swift water rescue consortium including the training program. High angle rescue and wilderness medicine training should be conducted in concert with first response agencies to capitalize on expertise and to develop a working relationship based on familiarity and trust.

Compliance Transparency & Improvement

The Clackamas EMS system should have a transparent compliance process with the implementation of county-wide data dashboards. Current compliance is based on time standards relative to urban, suburban, rural, and frontier. The system should begin moving towards a process based on patient needs and clinical outcomes.

Supply Reimbursement

The method of which consumable supplies are valued and accounted for is outdated. This method should be reviewed and updated through a stakeholder agreement.

Implementation of Workplan

While creating a long-term plan is critical in many ways, the plan must provide focus—a clearly designed and narrow set of priorities that can be accomplished in the short-term.

This Strategic Plan is a "living" document not intended to be placed on a shelf, but rather designed to be referenced for guidance on a regular basis while improvements and changes are being made. This document articulates the strategic priorities and provides a pathway to achieving tasks in a timely manner.

Appendix A contains the current associated workplan, along with timeframes, initial activities, and lead responsibilities. This work will be monitored during regular EMS Council business meetings with updates provided to the Board of County Commissioners at least twice per calendar year.