CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Policy Session Worksheet

Presentation Date: 12/01/2020 **Approx. Start Time:** 2:00pm **Approx. Length:** 30 minutes

Presentation Title: Amendment to the Ambulance Services Contract

Department: H3S / Public Health Division

Presenters: Richard Swift, Health, Housing and Human Services Director; Philip Mason-Joyner, Public Health Director

Other Invitees:
William Conway, EMS Coordinator; Andrew Naylor, County Counsel

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Provide a proposal to the Board of County Commissioners (BCC) to amend the County's contract with American Medical Response, NW (AMR) and seek direction on preferred process for approval.

EXECUTIVE SUMMARY:

As the Local Public Health Authority, Clackamas County has the responsibility through the Public Health Division to provide medical oversight, overall coordination, and contract compliance for Emergency Medical Services (EMS) in the Clackamas Ambulance Service Area (ASA).

On October 13th, 2020 the Clackamas County Board of Commissioners directed staff to work with County Counsel and Procurement on drafting a contract amendment, which establishes a performance-based extension process. This change enables the continued advancement, enhancement, and innovation across the EMS system in Clackamas County.

County staff have also met with leadership at AMR and negotiated the high-level changes that would be in the amendment.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? ☒ YES ☐ NO

What is the cost? Approximately $6 million annually

What is the funding source? Franchise Fee

STRATEGIC PLAN ALIGNMENT:

- How does this item align with your Department's Strategic Business Plan goals?
  - Monthly contract compliance for emergency medical services is a key performance measure incorporated into the County's annual budgeting process.

- How does this item align with the County's Performance Clackamas goals?
  - Ensure safe, healthy & secure communities.

LEGAL/POLICY REQUIREMENTS:

This contract amendment requires approval by the Board of County Commissioners.

PUBLIC/GOVERNMENTAL PARTICIPATION:

N/A

OPTIONS:

1. Instruct staff to submit contract amendment on the consent agenda during an upcoming Board of County Commissioners Business Meeting.

2. Take no action and reserve future amendments until closer to the current contract's expiration date (May 2024).

3. Instruct staff on an alternative approach.

RECOMMENDATION:

Instruct staff to submit contract amendment on the consent agenda during an upcoming Board of County Commissioners Business Meeting.

ATTACHMENTS:

- PowerPoint presentation slides

SUBMITTED BY:
Division Director/Head Approval _____
Department Director/Head Approval *Rodney A. Cook,* H3S Deputy
County Administrator Approval _____

For information on this issue or copies of attachments, please contact: Richard Swift @ 503-650-5694

Emergency Medical Services Council

TO: Richard Swift, Director
Clackamas County Health, Housing, and Human Services

FROM: Matt Dale, Chair
Clackamas County EMS Council

DATE: November 25, 2020

RE: EMS Council Recommended Inclusion Criteria for Performance-Based Ambulance Service Agreement

In response to your October 27, 2020 directive to the EMS Council, and in our role to provide the Board of County Commissioners with strategic policy direction and regular consultation on matters relating to the EMS system, the EMS Council herein submits recommended inclusion criteria for a performance-based ambulance service agreement.

The EMS Council tasked its standing ASA Strategic Plan Taskforce with developing recommendations that drive forward the 11 strategic improvement areas prioritized in the County-adopted 2019-2022 EMS Strategic Plan and consistent with industry best practices. We emphasized the need for continued system innovation, service enhancement, updated and scalable performance measures, health care equity, and system accountability—hallmarks of a high-performing EMS system and consistent with the collaborative strategic work in progress at the time of this writing.

Despite a compressed timeframe, the Taskforce returned a thoughtful and well-framed set of recommendations that meet this intent. The EMS Council stands ready to work closely with County staff on additional and needed refinement to the performance criteria moving forward to ensure the agreement supports a system that advances improvement in patient outcomes and service delivery.

Taking a holistic approach, we have outlined a robust set of recommendations for **clinical**, **operational** and **administrative** performance measures and compliance management. The EMS Council believes ensuring clinical competence in the system is as important as quick and efficient response.

An exceptional level of collaboration exists today between the EMS system partners in Clackamas County and we are keen to ensure no lapses to the important strategic work in progress. Throughout the criteria set, we emphasize the need for the contractor's continued cooperative role in implementing system enhancement and innovation initiatives. For that reason, the EMS Council has included a recommendation to make the EMS Strategic Plan and the associated annual work plan part of the performance measures in the agreement.

One of the most critical components of the strategic work plan is the agreed upon EMS System Plan/Ambulance Service Plan review by external subject matter experts. This will cover all 11 of the prioritized areas of improvement. The EMS Council has included a recommendation to move that contract forward through the procurement process as soon as possible and with participation by the contractor.

On behalf of the EMS Council, thank you for requesting the we provide inclusion criteria. Please let me know to best assist your team with integrating it into your process.

NOTE: For the benefit of the reader, the EMS Council's recommendations are denoted by underlined text.

CLINICAL PERFORMANCE ELEMENTS
The following outlines clinical performance elements that should be incorporated into the ambulance services agreement/contract to assure adherence with the highest quality and effective patient care standards. The adopted 2019-2022 EMS Strategic Plan prioritized moving toward a system based more on patient needs and evidence-based clinical outcomes.

The EMS Council recommends a robust, standardized compliance process be established to assure accountability to and advance the highest quality in clinical competence.

Under the ADMINISTRATIVE ELEMENTS section of this document (starting on page 10), the EMS Council details a recommendation to establish a designated compliance committee of experts appointed by the EMS Council and responsible for independent and objective compliance and system review.

Adjustments to system design and deployment should be driven as much by advancing clinical outcomes and healthcare innovation as by time-based standards. As it is for Clackamas County's EMS system, incorporating standardized, evidence-based accountability and decision support is a new and emerging focus area for the industry. The EMS Council believes there is benefit in keeping pace with the industry standards as they evolve. In its *Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Services (2014)* guide, the American Ambulance Association (AAA) advocates for health care quality aims that are:

> *Effective*—providing services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit.
>
> *Patient-centered*—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Additionally, in their *EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services (2019)* publication, the EMS Agenda 2050 Technical Expert Panel advocates for comprehensive, people-centered quality care and clinical care interventions driven by methodologically sound and proven research.

Compliance with Standardized Clinical Key Performance Indicators
The EMS Council recommends the following:

- A heavily-weighted portion of the contract's performance requirements address sustained compliance with standardized clinical competency measures or specific key performance indicators (KPI) endorsed by the EMS Council, developed by its QA/QI Subcommittee, and confirmed by the designated compliance committee.
- Adherence by the franchisee/contractor to a schedule of routine clinical KPI compliance reporting and review; the review to be conducted by a combination of the EMS Council or QA/QI Subcommittee and the designated compliance committee in conjunction with the County EMS Medical Director and County EMS Coordinator.
- If the franchisee/contractor falls below the established clinical compliance standards, they will be required within a reasonable timeframe to provide a written plan to the County specific to achieving and sustaining compliance within the given area(s) for improvement. The County will seek advisement from the EMS Council and/or a designated compliance committee on the plan. Three (3) consecutive quarters of non-compliance to clinical compliance standards could be grounds for failure to perform.

The actual set of specific clinical KPI detailed within the Ambulance Services Agreement would be those endorsed by EMS Council and the County EMS Medical Director. **Examples from the National EMS Quality Alliance's National EMS Quality Measure Set are provided herein as Attachment A (see below)** to provide context on the general type of criteria this might/could include.

Quality Assurance/Quality Improvement (QA/QI) Subcommittee and Process Participation
The EMS Council recommends continued and transparent participation by the franchisee/contractor in the established EMS Council QA/QI subcommittee and process.

The practice of rigorous data collection, measurement and analysis is essential to high-performance results. A current practice in Clackamas County, cooperative participation by all system partners is important to the process and advocated by the AAA in their *Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Services (2014)* guide:

> [Continuous quality improvement programs] should be:
> - Conducted by the system as a whole and by each component individually.
> - Patient-outcome focused as the critical performance measure of system output (most important is the outcome of the patient care).
> - Integrated with local medical oversight, and all related health provider agencies, including public health services.
> - Process driven, leading to organizational changes and educational initiatives to improve performance

Dedicated, Clackamas County-specific Quality Improvement Specialist Position
The EMS Council ***strongly recommends***—and requests—that the Quality Improvement Specialist position that is required by the contract be restructured as a minimum required full time equivalent of one (1) FTE to be dedicated solely as Clackamas County-specific.

The current Ambulance Services Contract reflects a Quality Improvement Specialist position that functions as a shared resource to jointly serve multiple counties. As such, there is a noted imbalance in that position's capacity to provide chart review and data analysis support to keep pace with Clackamas County's EMS system needs. Below is applicable sample language excerpted from the 2018-2023 Multnomah County Services Contract Agreement for Exclusive Ambulance Service #5600002522.

> "PROVIDER is required to dedicate the following positions and respective FTE to programs serving this Contract:
> i. Full Time Equivalent dedicated to [the County] 9-1-1 Emergency Ambulance Operations
> (a) Quality Improvement Person (minimum of 1.0 FTE)"

County-approved Data Dashboard Application/Platform Implementation and Use
The EMS Council recommends that the franchisee/contractor be required to implement and use the data dashboard application/platform approved by the County.

At the time of this writing, the Clackamas County System Enhancement Committee has approved funding for development and implementation of the FirstWatch (for compliance data)/FirstPass (for quality assurance data) applications for use by the County EMS Office and the current franchisee/contractor (AMR).

The EMS Council also recommends that contract language should be stated broadly to require that the franchisee/contractor migrate to whatever the County approves in support of system enhancement, therefore requiring implementation and use of any subsequently identified/selected application(s) during the duration of the contract.

The need for data dashboards was outlined and prioritized in the 2019-2022 EMS Strategic Plan for the benefits of central and transparent data collection and real time feedback to support QA/QI processes, compliance accountability and governance, system status/reliability, and the overall deployment model.

Integrated Electronic Charting/Documentation Implementation for Data Interoperability
Consistent with the priorities outlined in the 2019-2022 EMS Strategic Plan, the EMS Council recommends the following:

Implementation of a single electronic charting platform, or data collections system with charting interoperability that is integrated with first responder agencies. This includes, but is not limited to:

- ESO EHR
- ESO HDE (or equivalent)
- Push data in real time – Facilitating complete and consistent information continuum to receiving facility.
- Participation in a future electronic ED notification system (e.g., Pulsara, Twiage)

OPERATIONAL PERFORMANCE ELEMENTS
The following outlines operational performance elements that should be reflected in the Ambulance Services Agreement to assure continued operational readiness, reliability and efficiency in the system. In their *Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Services (2014)* guide the AAA advocates for health care quality aims that are: "Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care."

Dispatch/Regional CAD to CAD Interface Components
The recommendations outlined in this section are based on input from staff at C-COM; the contact for more detailed information is Michael Smith, CAD Projects Coordinator at msmith@clackamas.us.

Define the Start of the Response Time Clock and Backup Measures:

- Identify that the response time clock starts for the franchisee/contractor when the call is received in their CAD across the regional CAD to CAD interface. If discrepancies on an individual dispatch exist, the default time used will be the time the regional MAJCS CAD receives the automated acknowledgement of the franchisee's/contractor's generation of the linked call.

- Identify that if the regional CAD to CAD interface is down or delayed, franchisee/contractor is still responsible for receipt of the request. The response time clock will start 30 seconds after the initial trigger to alert the franchisee/contractor. The franchisee/contractor will establish and employ backup measures for receiving calls during CAD to CAD interface outages (examples: pagers, emails, Browser, MDT and radio).

Use of CentralSquare Enterprise CAD Product to Ensure System Integration

- Identify that the franchisee/contractor is required to receive and dispatch triaged calls using the CentralSquare Enterprise CAD product to ensure ongoing system integration. Request for a variance to use a different CAD will be reviewed by the EMS Council. It is important to note an effort to integrate a new product with the existing regional system would create a substantial impact of time and cost.

Language Update to Support Required Use of CentralSquare Enterprise CAD
This suggested change in the language currently found in the agreement is recommended in support of the aforementioned recommendation to use CentralSquare Enterprise CAD:

- "9-1-1 requests for ambulance service to C-COM and LOCOM are currently transmitted electronically to the franchisee/contractor which operates a communications center in Multnomah County, Oregon. [DELETE] ~~The franchisee may employ its own methods for deploying and notifying ambulances and will be electronically linked to key C-COM systems.~~ [INSERT] 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/contractor and its computer links with C-COM, LOCOM and WCCCA will not reduce the franchisee's responsibility for its dispatch and response time performance."
  (NOTE: The mention of WCCCA is to codify current practice.)

Annual CAD GIS Data Sync

- Identify that the franchisee/contractor will sync its CAD GIS data, at least once a year, to the most current MAJCS CAD data for Clackamas and Washington Counties. MAJCS CAD will provide this data. (NOTE: Previous discussion of this practice has occurred with AMR, who is supportive of the approach.)

Measures in Support of Regional CAD to CAD Integration
The following recommendations are to memorialize current or implied current practice:

- Identify that the franchisee/contractor will maintain and modify as needed their connection to the regional CAD to CAD interface managed by PDCC for the purpose of exchanging calls for service, updates to calls, true unit status, AVL data, and messaging.
- Identify that the franchisee/contractor will comply with all operational and technical requirements, current and future, for participation in the CAD to CAD interface system. These requirements are decided by PDCC, Clackamas TS and the regional MAJCS CAD partners.
- Identify that the franchisee/contractor will pay allotted maintenance/upgrade fees prescribed by the PDCC budget.
- Identify that the franchisee/contractor will pay CAD maintenance fees associated with their connection to the CAD to CAD interface.
- Identify that the franchisee/contractor will pay all integration fees if they are granted a variance to change their CAD and it is required to be operational in production before cutover to a new CAD.
- Identify that the franchisee/contractor will maintain a test CAD environment that is connected to the regional CAD to CAD interface.

Response Time Standards Compliance
Response time standards have value as an indicator of system readiness, reliability and efficiency; however, the EMS industry is moving away from using response time standards as the sole measurable indicator of compliance. The EMS Council champions this approach as well, as previously mentioned under the CLINICAL PERFROMANCE ELEMENTS section of this document (see page 2).

The EMS Council recommends maintaining response time standards that have been endorsed by the EMS Council and developed by an assigned subcommittee **as part of** the overall compliance assessment, along with the clinical standards.

The EMS Council recommends that, as the EMS industry progresses and includes additional response compliance measures, the County working with the franchisee/contractor will update the contract to reflect current industry standard within a reasonable timeline set forth by the County and supported by the designated compliance committee.

Under the ADMINISTRATIVE ELEMENTS section of this document (starting on page 10), the EMS Council details a recommendation to establish a designated compliance committee of experts appointed by the EMS Council and responsible for independent and objective compliance and system review.

The **specific** set of response time standards included in the contract might/could include existing standards in the current contract. The examples below from the AAA's *Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Services (2014)* guide provide context on the **general** type of criteria this **might/could** include:

> […]
> - Incident or onset date/time: The date/time the injury occurred or the date/time symptoms or problem started.
> - PSAP call date/time: The date/time the phone rings (9-1-1 call to a PSAP or other designated entity) requesting EMS services.
> - Dispatch notified date/time: The date/time dispatch was notified by the 9-1-1 call taker (if a separate entity).
> - Unit notified and dispatched date/time: The date/time the responding unit was notified by dispatch.
> - Unit en route date/time: The date/time the unit responded; that is, the time the vehicle started moving.
> - Unit arrived on scene date/time: The date/time the responding unit arrived on scene; that is, the time the vehicle stopped moving.
> - Arrived at patient date/time: The date/time the responding unit arrived at the patient's side.
> - Transfer patient care date/time: The date/time the patient was transferred from this EMS agency to another for care.
> - Unit left scene date/time: The date/time the responding unit left the scene (started moving).
> - Patient arrived at destination date/time: The date/time the responding unit arrived with the patient at the destination or transfer point.
> - Unit back in service date/time: The date/time the responding unit was back in service and available for response (finished the call, but not necessarily back at home location).
> - Unit cancelled date/time: The date/time if unit's call was cancelled.
> - Unit back at home location date/time: The date/time the responding unit was back in their service area. (Note: For high performance emergency ambulance services, the term "home location" refers to the provider's service area as assigned by the provider's system status anagement protocols.)

Retain Contract Language on Requests for Exception to Response Time Compliance
The EMS Council ***strongly recommends*** that the following current contract language referenced in Section 5, Capital G, c. #7 remains intact as written: "Equipment failures, traffic congestion, ambulance failures, dispatch errors, inability to staff units, and other causes ***will not*** be grounds for granting an exception to compliance with the response time requirements.

Establish Annual Demand Analysis/System Status Management Plan (SSM) Review
The EMS Council recommends that the franchisee's/contractor's SSM plan be reviewed by the EMS Council or a designated compliance committee and updated on at least an annual basis to ensure it keeps pace with/is scaled to any emerging changes in the system or to reflect County-supported strategic innovations.

The EMS Council further recommends that the review include a demand analysis to identify opportunities to optimize the system. While demand analysis is typically used to look at three (3) years or more of data, an annual review would allow for adjustments for such factors as increasing population and calls for service, and to contemplate the changing community and health care system as a whole.

Establish Daily Unit Hour Minimum Requirements and Related Annual Review
The EMS Council recommends the following:

- The County require the franchisee/contractor provide for an daily minimum of unit hours using an agreed upon formula that contemplates and scales to fluctuations in 911 services demand to ensure the public has available and equitable access to ambulance transport, and report performance to that standard monthly.
- If the franchisee/contractor cannot meet the daily unit hour minimum, the franchisee/contractor must notify the system partners the same day.
- The daily unit hour minimum should be reviewed annually by the EMS Council or a designated compliance committee and adjusted as needed to optimize system performance.

While the practice of "browning out" unit hours is used as a strategy for financial planning, the EMS Council is concerned for any detrimental effect this could be having on the other system partners' capacity to provide timely service and the overall reliability and effectiveness of the EMS system.

Development of Community Equity Zones
The EMS Council recommends the County improve current contract language to better represent the intent and need to create equity in response times throughout the service area and for community equity zones to be developed by the contractor with involvement of the EMS Council or designated subcommittee. (NOTE: Sample applicable performance measure language was developed for and is available in the 2018-2023 Multnomah County Services Contract Agreement for Exclusive Ambulance Service #5600002522.)

Dedicate Ambulances to the 911 System; Minimize System Impact from Non-emergency Transport
The EMS Council recognizes that non-emergency transport is essential to the EMS system as well as the detrimental effect to overall system effectiveness when 911 resources are used to manage non-emergent, for-profit work. Provisions are needed to ensure minimal impact on the system while allowing the contractor to perform this important work.

The EMS Council recommends the following:

- The County identify the need to have 911 system ambulances dedicated to the emergency response system status plan.
- The County require a process for accountability and tracking of when 911 system units are used for non-emergency transport; review of performance to this element would be included in the overall performance compliance process.
- The County establish the number of 911 system status plan units allowed to be used for non-emergent transport based on a formula to be developed/agreed upon with the EMS Council. (For example, tying the number to a system "level", such as no C1 calls when below level 5.)

Establish a Surge Plan
The EMS Council recommends the County require a surge plan be established, inclusive of these elements:

- The franchisee/contractor will immediately request mutual aid transport assistance any time they are unable to respond to emergencies. Closest proximity to the incident will be the determining factor on which mutual aid resources will be requested in support of rapid response.
- If a material population or call volume density increase has occurred, the franchisee/contractor agrees to meet with the County and the EMS Council to determine the impact to the system and develop a plan to mitigate the impact.
- The franchisee/contractor agrees to make alterations and changes to the surge plan with recommendations from the EMS Council based on an evaluation of population growth, density and call volume at a minimum of every 18 months, or in conjunction with and upon renewal of this contract. These changes will address the potential impacts to the emergency response system.

Equipment Standardization and Future Modifications/Upgrades
In support of safety and efficiency, and reduction of potential error or miscommunication, the EMS Council prioritized implementing equipment standardization in the 2019-2022 Strategic Plan. This effort should ensure that the type of equipment is based on clinical evidence of effectiveness where applicable.

The EMS Council recommends the following

- The franchisee/contractor will participate and collaborate with the EMS Council and its subcommittees to implement equipment standardization in areas identified by the current EMS Strategic Plan, to include but not limited to EMS kits, cardiac monitors and future adopted equipment or initiatives brought forth by the EMS Council and its subcommittees.
- Add language to the effect that the franchisee/contractor agrees that equipment and supply requirements may be modified and upgraded, with the approval of the Contract Administrator, due to emerging changes in technology.

Operational Innovation Initiatives
An exceptional level of collaboration has been occurring between system partners in Clackamas County toward the strategic priorities outlined in the 2019-2022 EMS Strategic Plan and other innovations with recognized value to system agility and enhancement of services. In order to maximize on this progress and avoid any detrimental lapses or interruptions, the EMS Council provides the following recommendations on key operational innovation initiatives that should move forward or be developed with participation by the franchisee/contractor.

Continue Strategic Initiatives in Progress

- **Single Unit Response Resources** Moving toward deployment of single resource ambulance and single resource fire apparatus resources in the system was prioritized in the 2019-2022 EMS Strategic Plan in order to more efficiently manage and maximize limited resources. The EMS Council recommends that the franchisee/contractor continue to participate in pilot programs in progress at the time of the amendment and in future development with the designated work group to maximize agility. This includes working with all stakeholders in determining the optimal response to low priority calls.

- **Closest EMS Resources Deployment**
  The EMS Council recommends that the franchisee/contractor continue to implement in the closest forces AMR and CFD1 pilot program in progress at the time of the amendment and participate in future development with the designated work group. Assigning the closest available ALS transport unit to a priority incident as the transporting unit, based on AVL and not agency, is in the best interests of system agility and rapid service delivery.

- **Mobile Integrated Health, Community Medicine and Community Health**
  Consistent with the eleven (11) areas of strategic improvement prioritized in the 2019-2022 EMS Strategic Plan, the EMS Council recommends that the franchisee/contractor continue to participate in previously established Mobile Integrated Health (MIH), Community Medicine, and Community Health strategies. This will include but not be limited to innovations in accessing the vulnerable population outside of the 911 system, alternate response models for high utilizers of the 911 system, advanced practice clinicians, treat and release, alternate destination, and telemedicine.

Engage in Future Innovation Opportunities

- **Development of Advanced Practice Paramedic Unit**
  The EMS Council recommends that the franchisee/contractor be encouraged to leverage national presence and experience toward developing a multi-agency advanced practice paramedic response unit model for the Clackamas County EMS system as a joint effort within the ALS Consortium. Such a model would add a quick response unit with advanced capabilities such as ultrasound, whole blood and other critical care level services.

- **Peak Hour 911 BLS Resources**
  The EMS Council recommends that the franchisee/contractor be encouraged to work with the EMS Council on developing a peak hour, tiered response system that includes committed 911 BLS transport units. This model supports improved system agility. These units would not be for interfacility transports.

ADMINISTRATIVE ELEMENTS
The following outlines administrative elements that should be reflected in the ambulance services agreement/contract or established in support of the EMS system.

Contract for EMS System Plan/Ambulance Service Plan Review and Update
At the time of this writing, an agreed upon scope of work has been developed for a contracted expert review and update of the current system based on the strategic priorities in the 2019-2022 Strategic Plan. It is our understanding that County procurement staff are in the process of preparing a request for proposal. Moving this project forward is ***critical*** to ensuring holistic medical and ambulance service plans that are scalable to the advancements in Clackamas County, take advantage of the broader healthcare system and incorporate modern and tested performance measures for EMS service delivery.

The EMS Council recommends that the agreed upon contracted EMS System Plan/Ambulance Service Plan review move forward as soon as possible with participation by the franchisee/contractor.

Continued Participation in the EMS Strategic Plan Initiatives/Work Plan and System Enhancement Projects
The EMS Council recommends that franchisee/contractor continue participation in and implementation of the eleven (11) prioritized initiatives for integration and improvement identified in the 2019-2022 EMS Strategic Plan and the associated work plan. The franchisee/contractor will also continue participation in and implementation of the County supported system enhancement projects in progress at the time of the amendment.

The EMS Council recommends that the most current version of the EMS Strategic Plan and its annual associated work plan be included with direction for the franchisee's/contractor's participation toward implementation.

Compliance Review/Audit Process: 18-Month Compliance Review/Audit Schedule
To ensure the performance-based contract not become static, but rather function as a living document, it needs to be routinely audited and scaled to systemwide factors such as population density changes, call volume increases, time of natural disasters or public health emergencies or when and if national standards or best practices change. In the public's best interest, it will be important to conduct periodic benchmarking to comparable high-performing systems to ensure the County's system is right-sized to provide the highest quality and most efficient care at the best rate.

Consistent with the County's voiced intention around establishing a compliance process and audit tool, the EMS Council recommends a rigorous compliance review and programmatic and financial audit at least every 18-months or when the County decides to review for extension. The compliance component should include penalties for failure to comply.

The EMS Council recommends the County identify a contingency plan of system safeguards in case of contract default, including a predetermined framework to ensure continued, uninterrupted, and seamless transition of services to the public until a replacement procurement process can be executed.

Compliance Review/Audit Process: Independent Oversight by a Designated Compliance Committee
The EMS Council believes it is crucial that all components of performance by all providers be completely transparent and objective to support systemwide integrity and accountability. In their best practices guide, the AAA advocates independent oversight as a hallmark of a high-performance system. A related excerpt reads:

> ***Hallmark 2 — Establish an independent oversight entity.*** Independent oversight promotes performance accountability by giving the overseeing entity the authority and the tools to improve service or safely replace a non-performing provider. Independent oversight is accomplished by creating a true arm's-length relationship between an overseeing entity and the provider organization.

> The independent oversight entity is responsible for monitoring and routinely reporting the provider's performance and compliance in clinical excellence, response-time reliability, economic efficiency, and customer satisfaction. The oversight entity also requires periodic independent expert audits of the service's performance against other high-performance services.

In the same guide, the AAA also advocates that:

> To be effective, the independent oversight entity should consist of an unaffiliated and objective group of people selected for their expertise in specific professional disciplines required in the development and oversight of the emergency ambulance service. Community representation on the independent oversight entity should include leaders from areas such as the following:
>
> - Legal
> - Accounting
> - Business
> - Medicine
> - Patient advocacy
> - Hospital and/or health care
> - Local government (elected official)

The EMS Council recommends establishing a designated compliance committee comprised of subject matter experts that are independent of the parties to the contract. The designated compliance committee would be appointed by the EMS Council in coordination with the County. The designated compliance committee will establish, monitor and enforce the performance standards and be responsible for all aspects of compliance, including but not limited to clinical KPI, response time standards, requests for exemptions, demand analysis/systems status management, and other measurable components.

Requests for Exception to Response Time Compliance

To reiterate what was outlined under OPERATIONAL PERFORMANCE ELEMENTS in this document (see page 7), the EMS Council ***strongly recommends*** the current language referenced in the contract, Section 5, Capital G, c. #7 remains intact as written. "Equipment failures, traffic congestion, ambulance failures, dispatch errors, inability to staff units, and other causes **will not** be grounds for granting an exception to compliance with the response time requirements."

Performance/Compliance Reporting and Timeline

The EMS Council recommends the following:

- The contractor will produce a performance report on all performance-based metrics in relation to operational response time compliance on a monthly basis to the EMS Council and the County to be copied to the designated compliance committee and QA/QI subcommittee.
- Additionally, the contractor will produce reports on performance-based clinical metrics quarterly to the EMS Council and the County to be copied to the designated compliance committee and QA/QI subcommittee.
- A full review of compliance shall be presented in conjunction with the County's time frame for audit and contract extension.
- The EMS Council and the designated compliance committee, should retain the right to request periodic performance reviews and other reports as needed on an ad-hoc basis. The contractor will be given an appropriate amount of time to produce the requested materials.
- Any report may be generated using the County approved data dashboard (e.g., FirstPass/FirstWatch as applicable), otherwise the PROVIDER will need to produce the report on their own means.
- The County working with the EMS Council and the designated compliance committee will establish a list of required reports. This should be inclusive of any applicable reports already in the existing contract **and the additional recommended reports outlined in Attachment B herein (see below)**.

Clarify the Supply Reimbursement Formula
The EMS Council recommends adding an annual CPI increase or developing a formula to ensure that the supply reimbursement rates referenced in Section 6, paragraph J (page 15) are as fair and equitable as possible.

Review and Clarify the Compassionate Care and Hardship Eligibility Process
The EMS Council recommends the County cause the compassionate care/hardship eligibility process to be reviewed to identify and then to implement improvements to maximize benefit to the community and ensure easier eligibility and access.

Modify or Restructure the Patient Feedback Mechanism
The current patient satisfaction survey managed by Campbell and Delong Resources Inc. has become an outmoded method of measuring customer service and satisfaction. It is a huge expense and the data points have not changed in many years. The EMS Council recommends the County eliminate the requirement for this survey from the ambulance service agreement/contract and associated subcontracts and working with the EMS Council on developing a more contemporized set of metrics to measure patient satisfaction.

Retain References to Employee Training
The EMS Council recommends that references throughout the current contract pertaining to employee training should remain intact as written.

Retain References to Maintaining Mutual Aid Agreements
The EMS Council recommends that references throughout the current contract pertain to maintaining mutual aid agreements should remain intact as written.

Continued Participation in Disaster Planning/Training
The EMS Council recommends that the franchisee/contractor continue participation in County disaster planning and training exercises as requested, consistent with section 10.01.060 D, 7 of the Ambulance Service Plan.

Clackamas County EMS Council Recommended Inclusion Criteria for Performance-Based Ambulance Service Agreement
ATTACHMENT A

National EMS Quality Alliance - EMS Quality Measure Set Specifications

Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	NQS Domain	Measure Type	Traditional or Inverse	Scoring Method
Hypoglycemia-01	Treatment Administered for Hypoglycemia	Percentage of EMS responses originating from a 911 request for patients who receive treatment to correct their hypoglycemia.	All EMS responses originating from a 911 request for patients with hypoglycemia and a GCS of <15 or an AVPU of <A or patients with a primary or secondary impression of altered mental status and a blood glucose level of <60.	EMS responses originating from a 911 request for patients receiving treatment to correct their hypoglycemia during the EMS response.	Patients less than 24 hours of age.	None	Clinical Process - Effectiveness	Process	Traditional	Proportional
Pediatrics-01	Pediatric Respiratory Assessment	Percentage of EMS responses originating from a 911 request for patients less than 18 years old with primary or secondary impression of respiratory distress who had a respiratory assessment.	All EMS responses originating from a 911 request for patients <18 years of age with a primary or secondary impression of respiratory distress.	EMS responses originating from a 911 request for patients who received both a SPO2 and respiratory rate measurement during the EMS response.	None	None	Clinical Process - Effectiveness	Process	Traditional	Proportional
Pediatrics-02	Administration of Beta Agonist for Pediatric Asthma	Percentage of EMS responses originating from a 911 request for patients 2-18 years of age with a diagnosis of asthma who had an aerosolized beta agonist administered.	All EMS responses originating from a 911 request for patients 2-18 years of age with a primary or secondary impression of asthma exacerbation or acute bronchospasm.	EMS responses originating from a 911 request for patients who had an aerosolized beta agonist administered by an EMS professional during the EMS response.	None	None	Clinical Process - Effectiveness	Process	Traditional	Proportional
Pediatrics-03	Documentation of Estimated Weight in Kilograms	Percentage of EMS responses originating from a 911 request for patients less than 18 years of age who received a weight-based medication and had a documented weight in kilograms or length-based weight estimate documented during the EMS response.	All EMS responses originating from a 911 request for patients less than 18 years of age who received a weight-based medication during the EMS response.	EMS responses originating from a 911 request for patients in which a weight value was documented in kilograms or a length-based weight was documented during the EMS response.	None	None	Patient Safety	Process	Traditional	Proportional
Seizure-02	Patient with Status Epilepticus Receiving Intervention	Percentage of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine aimed at terminating their status seizure during the EMS response.	All EMS responses originating from a 911 request for patients with a primary or secondary impression of status epilepticus.	EMS responses originating from a 911 request for patients who received benzodiazepine aimed at terminating their status seizure during the EMS response.	None	None	Clinical Process - Effectiveness	Process	Traditional	Proportional
Stroke-01	Suspected Stroke Receiving Prehospital Stroke Assessment	Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.	All EMS responses originating from a 911 request for patients with a primary or secondary impression of stroke.	EMS responses originating from a 911 request for patients who had a stroke assessment performed on scene during the EMS response.	Patients who are unresponsive.	None	Clinical Process - Effectiveness	Process	Traditional	Proportional
Trauma-01	Injured Patients Assessed for Pain	Percentage of EMS responses originating from a 911 request for patients with injury who were assessed for pain.	All EMS responses originating from a 911 request for patients with injury and a Glasgow Coma Score (GCS) of 15 or an Alert Verbal Painful Unresponsiveness (AVPU) of A.	EMS responses originating from a 911 request for patients with any pain scale value documented during the EMS encounter.	None	None	Patient Experience	Process	Traditional	Proportional

National EMS Quality Alliance EMS
Quality Measure Set Specifications

Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	NQS Domain	Measure Type	Traditional or Inverse	Scoring Method
Trauma-03	Effectiveness of Pain Management for Injured Patients	Percentage of EMS transports originating from a 911 request for patients whose pain score was lowered during the EMS encounter.	All EMS transports originating from a 911 request for patients with injury who had an initial pain score of greater than zero.	EMS transports originating from a 911 request for patients with two or more documented pain scores and a final pain score value less than the first documented pain score.	None	None	Patient Experience	Outcome	Traditional	Proportional
Trauma-04	Trauma Patients Transported to a Trauma Center	Percentage of EMS responses originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center.	All EMS transports originating from a 911 request for patients who meet 2011 CDC Step 1 or 2 criteria for trauma.	EMS transports originating from a 911 request for patients transported to a trauma center.	None	None	Clinical Process - Effectiveness	Process	Traditional	Proportional
Safety-01	Use of Lights and Sirens During Response to Scene	Percentage of EMS responses originating from a 911 request in which lights and sirens were not used during response.	All EMS responses originating from a 911 request.	EMS responses originating from a 911 request during which lights and sirens were not used.	None	None	Patient Safety	Process	Traditional	Proportional
Safety-02	Use of Lights and Sirens During Transport	Percentage of EMS transports originating from a 911 request during which lights and sirens were not used during patient transport.	All EMS transports originating from a 911 request.	EMS transports originating from a 911 request during which lights and sirens were not used.	None	None	Patient Safety	Process	Traditional	Proportional

EMS Council Recommended Inclusion Criteria for Performance-Based Ambulance Service Agreement
ATTACHMENT B: RECOMMENDED PERFORMANCE/COMPLIANCE REPORTS

In addition to reports already required in the existing contract or otherwise suggested in other recommendations, the EMS Council recommends the following be included in the minimum reporting requirements.

(a) Clinical Compliance
- (1) Compliance in all clinical KPI metrics as defined by the County QI Committee
- (2) Clinical Outcomes report as determined by the Medical Director;
- (3) Continuing education compliance reports; and
- (4) Summary of clinical/service inquiries and resolutions

(b) Operational
- (1) Calls and transports, by priority, for each response area and areas outside the County ASA;
- (2) A list of each call where there was a failure to properly record all times necessary to determine the Response Time;
- (3) Intercepts with regional PROVIDERs;
- (4) A list of mutual aid responses to and from system; and
- (5) EMS transports to and from medical aircraft performed by PROVIDER.

(c) Operational performance indicators to mitigate risk:
- (1) Vehicle accidents or failures per 100,000 miles driven;
- (2) frequency of employee work related injuries per hours worked;
- (3) unit hour utilization as an indicator of workforce fatigue;
- (4) employee turnover; and
- (5) Workplace satisfaction.

(d) Response Time Compliance
- (1) A list of each call dispatched for which PROVIDER did not meet the response time standard;
- (2) Canceled calls
- (3) Number on non-emergent/private calls ran by 911 system units; and
- (4) Exception reports and resolution.

(e) ePCR and Response Time Statistical Data
- (1) PROVIDER will a provide mirror image database to ensure that the County's independent statistical analysis of contract activity can take place on a real time basis.
- (2) The records shall, at a minimum, include the following data elements:
  - Unit identifier
  - Location of call – street address
  - Location of call - longitude and latitude
  - Nature of call (MPDS Code)
  - Code to scene
  - Time call received (or for transfers; time pick-up requested)
  - Time call dispatched
  - Time unit en route
  - Time unit on scene
  - Time contact with patient
  - Time unit en route to hospital
  - Time unit at hospital
  - Time unit clear and available for next call
  - Outcome (dry run, transport)
  - Receiving hospital
  - Code to hospital
  - Trauma system entry, STEMI alert, Stroke alert, Sepsis alert
  - Number of patients transported
  - Number of first responders accompanying if any

(f) Personnel Reports:
- (1) PROVIDER shall provide the County annually with a list of paramedics and dispatchers currently employed by PROVIDER and shall update that list whenever there is a change. Alternatively, PROVIDER may provide County read-only access to that database.
- (2) The personnel list shall include, at a minimum:
  - Name,
  - Address,
  - Telephone number,
  - Paramedic certification and expiration date,
  - Specialty certifications and expiration date and
  - Driver's License number of each person on the list.

(g) Community/Governmental Affairs Report
- (1) Number of conducted community education events,
- (2) Public Relations (PR) activities,
- (3) First responder recognition,
- (4) Government relations contact report.
- (5) Health equity activities report

(h) Electronic Access to Reports
- (1) PROVIDER shall provide access capability to the County, at the PROVIDER's expense, to all ePCRs and provide First Watch/FirstPass customized reports for the County's monitoring and review.
- (2) The electronic access shall also include real time monitoring of CAD/data interface systems.

(i) Other Reports

(1) PROVIDER shall develop and maintain other reports as may be reasonably requested to monitor activities associated with the performance as health equity educational and training activities each employee participates in during each year, and other activities related to the performance of this contract, the organizational cultural competency self-assessment, and the approved work plan.

(2) PROVIDER commits to working actively and cooperatively with other system participants in County-coordinated efforts to improve system level performance on all system level patient Clinical Outcomes.

(i) This includes providing appropriate service delivery and supervisory staff to participate in the development and implementation of improvement processes.

(ii) Clinical Outcomes and Care Elements, and their associated KPIs, are expected to evolve during this contract period, with the development and evolution of the local EMS system.

(iii) PROVIDER will measure, monitor and benchmark KPIs for each Clinical Outcome and Care Element as developed and approved by the Clackamas County EMS QI Committee

a. PROVIDER shall achieve the specified levels of performance on all Clinical Care Elements KPIs for which PROVIDER is accountable.

b. This includes producing periodic reports which describe overall compliance with protocols, and provide analysis of protocol compliance challenges and ideas for their resolution.

c. The PROVIDER commits to providing data it possesses that is necessary for the multi-agency outcomes improvement processes coordinated by the County.

(3) The PROVIDER shall provide the County with such other reports and records as may be reasonably required by the Contract Administrator

Amendment to the Ambulance Services Contract

CLACKAMAS COUNTY

DECEMBER 1ST, 2020

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health

Background

The Clackamas County Board of Commissioners has requested County staff to amend the ambulance services contract with American Medical Response (AMR) NW to a performance-based contract.

Goal Statement

To improve the contractual structure for the provision of ambulance service delivery in the Clackamas Ambulance Service Area that enables the continued advancement, enhancement, and innovation across the system.

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health

Why now?

- Collaboration within Clackamas County's EMS system is at an all-time high with strong alignment between the EMS Council, County staff, additional stakeholders, and the current Contractor.
- The current Ambulance Services Contract between Clackamas County and American Medical Response (AMR) Northwest will expire on May 2024; RFP process will have to begin no later than January 2022 (14 months from now).
- AMR is meeting current contract requirements and performance standards. Repeated renewal and extension processes are disruptive.
- The 2014 RFP process for ambulance services in the Clackamas ASA resulted in few innovations and a more expensive financing model for patients, and less funds available in the EMS Cost Savings Account.
- The proposed performance-based contract would provide strong accountability while continuing to innovate and make progress in implementation of priorities identified by the EMS Council through its EMS Strategic Plan .

Alignment with Current Efforts

Clackamas EMS Strategic Plan

- Quality Improvement Initiatives
- Community Paramedicine Expansion
- Medical Priority Dispatch System Integration & Accreditation
- Single Resource Responses (sending the right resource, at the right time, to the right place)
- Education & Training for providers
- Public Education
- Equipment Standardization
- Water Rescue / Reach & Treat Teams Integration

EMS System Improvement Consultant

Clackamas County Ambulance Service Area Plan Update

First Watch / First Pass Implementation

Standardization / integration of patient care charting systems

Equity of Care / Workforce Diversity

Office of EMS Medical Direction– partnership with Washington County

What would a performance-based contract mean?

The current contract that expires in May 2024 would be amended to eliminate this expiration date, and:

- Require a programmatic & fiscal audit be conducted by County staff against compliance with contract requirements and implementation of the EMS Strategic Plan every 24 months (audit tool under development)
- Contract renewals would be based on results of audits and not a specific expiration date:

Rating	Score	Renewal amount
Exceptional	95-100%	Up to 5 years
Very Good	92-94%	Up to 3 years
Good	90-93%	Up to 2 years
Fair	80-89%	Up to 1 year
Poor	79% or below	0 years

EXAMPLE ABOVE FOR ILLUSTRATION (not finalized & contingent on stakeholder feedback, negotiations with AMR NW, and BCC approval)

Timeline & Next Steps

Stakeholder engagement through EMS Council is in progress

- County staff has received letters from the EMS Council, ALS Consortium, and Fire Defense Board concerned about the timeline to implement this change.

Final contract negotiation between Clackamas County and AMR NW is in progress

Approval during the BCC Business Meeting on December 17th, 2020

- Contract amendment would go into effect at this time.