CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS
Sitting/Acting as Board of Health
Policy Session Worksheet

Presentation Date: 6/21/2023 **Approx. Start Time:** 10:00am **Approx. Length:** 90 mins.

Presentation Title: Ambulance Service Plan & Performance Based Ambulance Services Contract

Department: Health, Housing and Human Services (H3S) / Public Health Division

Presenters: Rodney Cook, H3S Director; Philip Mason-Joyner, Public Health Director; Bill Conway, Office of Public Health Emergency Services Manager

Other Invitees: Andrew Naylor, County Counsel

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?
This policy session is to provide the Board of County Commissioners (BCC) with an:
- update on the drafted ambulance service plan, including staff recommendations for inclusion in the plan's update;
- update on the drafted performance-based ambulance contract; and
- opportunity to hear stakeholder input.

County staff are seeking BCC direction on how to modify or move this work forward for adoption.

EXECUTIVE SUMMARY:
In December of 2022, the BCC signed Amendment #4 to the Ambulance Contract between Clackamas County and American Medical Response Northwest, Inc. (AMR). This amendment signifies the intent to develop a performance-based ambulance service contract and to negotiate in good faith through July 1, 2023.

The EMS Program of Public Health hired Cambridge Consulting LLC to lead this process and advise on the development of an updated Ambulance Service Plan and creation of the performance-based ambulance service contract. This work is now nearing completion with consultant and County staff recommendations provided for BCC consideration. After stakeholder input, the BCC may request modifications or move forward with the proposed recommendations.

For the ambulance service plan, the Board could place the plan on an upcoming consent agenda during a Business Meeting and then it would be sent to the Oregon Health Authority for review.

For the performance-based contract with AMR, County Counsel would work with staff to negotiate a final version of the agreed upon contract language. Once AMR signs, the Board could place the contract on an upcoming consent agenda during a Business Meeting.

FINANCIAL IMPLICATIONS (current year and ongoing):

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

What is the cost? Annual revenue for ambulance contractor (AMR NW) is ~$6 million annually; Clackamas County receives $970,340 annually to administer the EMS Program.

What is the funding source? Franchise Fee & Cost Savings

STRATEGIC PLAN ALIGNMENT:

- How does this item align with your Department's Strategic Business Plan goals?
  - Emergency Medical Services is an important Public Health program and aligns with Public Health Strategic Business Plan.
  - 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:
ORS 682.062 requires each county to establish a plan for the county for efficient and effective ambulance services. ORS 682.063 (1) (b) requires persons and governmental units that desire to provide ambulance services under the plan to meet all the requirements established by the plan.

PUBLIC/GOVERNMENTAL PARTICIPATION:
Stakeholders will have the opportunity to provide input during this session at the conclusion of County staff's presentation and BCC discussion.

OPTIONS:

1. Instruct staff to finalize the performance-based ambulance service contract with AMR and Ambulance Service Plan as presented.

2. Instruct staff to modify the performance-based ambulance service contract with AMR and/or Ambulance Service Plan and return with revisions at an upcoming BCC Policy Session.

RECOMMENDATION:
Staff respectfully recommends option #1: Instruct staff to finalize the performance-based ambulance service contract with AMR and Ambulance Service Plan as presented.

ATTACHMENTS:

- PowerPoint presentation
- Consultant recommendations spreadsheet
- Ambulance Service Plan (draft)

SUBMITTED BY:
Division Director/Head Approval _________________
Department Director/Head Approval ______________
County Administrator Approval __________________

For information on this issue or copies of attachments, please contact Bill Conway @ 503-313-9170 or wconway@clackamas.us

Clackamas County
Emergency Medical Services (EMS)

H3S
Public Health Division
Office of Public Health Emergency Services

Public Health
Prevent. Promote. Protect.

Health, Housing
& Human Services
CLACKAMAS COUNTY

Purpose

Presentation Purpose

- Provide information on the EMS system, Ambulance Service Plan, AMR Performance Based Contract
- Share results of collaborative work
- Seek Board direction on timeline and approvals
- Hear public Input

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Overview

Ambulance Service Plan

What is an Ambulance Service Plan?

- Outlines process for establishing a county EMS system
- Addresses the need for and coordination of ambulance services
- Establishes the number of ambulance service areas (ASAs) and how each is served
- 911 utilization
- Equity of care
- Allocation of resources
- Provides performance metrics for the areas of inclusion for Ambulance Service Agreements
- Required by Oregon Revised Statute

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Overview

Performance-Based Contract

Current Clackamas ASA Contract

- Expires May 1, 2024
- The Contractor must operate the ambulance service system so as to achieve 90% response time compliance in each Zone every month
- Current contractor requirements include numerous reports that will also be included in a performance-based contract

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Changes to the Ambulance Service Plan

- Revised process by which ASAs are determined
- Merged the Woodburn Ambulance service area into Molalla and Canby ASAs
- Added ability for ambulance providers to staff Basic Life Support (BLS) ambulances
- Developed response performance metrics for BLS ambulances
- Added clinical performance requirements
- Added performance improvement language
- Added health equity and cultural competence language

Changes to the Ambulance Service Plan *Continued*

- Added clinical innovation language
- Added language encouraging the reduction of first responder responses to low acuity incidents
- Added complaint handling language
- Added language requiring providers to utilize County approved data platforms
- Added independent and external compliance review panel language
- Updated all maps

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Changes to the Performance-Based Contract

- Added clinical performance metrics that include penalties and incentives
- Added clinical performance metric exception and exemption language
- Revised response time requirements
- Added language regarding compliance review. Independent and external review panels.
- Added performance improvement process language

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Changes to the Performance-Based Contract *Continued*

- Added Level Zero language
- Added ESO Electronic Health Record mandate
- Added language requiring contractor to participate in county standardized equipment process
- Added language allowing Basic Life Support (BLS) ambulances
- Added FirstWatch mandate

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Changes

Performance-Based Contract Audit

Performance Review and Accountability

- Monthly response time and clinical compliance review – EMS Coordinator
- Quarterly review – OPHES Manager
- Annual review – External Review Panel
- 18-month review – Independent Review Panel

Timeline

Clackamas County EMS Proposed Workplan	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Ambulance Service Plan Update	Present progress to BCC, obtain input and direction	Continue work on final draft	Continue work on final draft	Present final draft to BCC for approval - If approved, submit to OHA for approval				
Performance Based Ambulance Service Agreement	Present progress to BCC, obtain input and direction	Continue work on final draft	Continue work on final draft	Continue work on final draft	Negotiate with AMR	Negotiate with AMR	Present final draft to BCC for approval	If approved, contract begins January 1, 2024

Health, Housing & Human Services CLACKAMAS COUNTY

Public Health Prevent. Promote. Protect.

BCC Options/ Public Health Recommendations

BCC Options

1. Instruct staff to finalize the performance-based ambulance service contract with AMR and Ambulance Service Plan as presented.
2. Instruct staff to modify the performance-based ambulance service contract with AMR and/or Ambulance Service Plan and return with revisions at an upcoming BCC Policy Session.

Staff Recommendation

Staff recommends option #1 above.

Health, Housing & Human Services
CLACKAMAS COUNTY

Public Health
Prevent. Promote. Protect.

Questions?

Summary of Review Recommendations Concerning the Ambulance Service Area Plan

Recommendation (not in ranked order)	Staff Recommendations For Inclusion	Rationale	Fiscal Impact
1. **Revise & Formalize ASP Process** - Revise and formalize the process by which ASAs are determined and EMS providers are designated by the County to service ASAs.	Recommended for inclusion in plan	ASP update will include verbiage to better describe how ASAs are assigned, including process.	Financial impact would be limited to staff time for the administration of changing the ambulance service provider in an ASA when required. (No general funds)
2. **LOFD Transport Pilot** - Conduct a six-month pilot program in the Lake Oswego section of the Clackamas ASA, assigning the Lake Oswego Fire Department as the primary EMS transport provider for limited periods of time, with an aggregate of no more than 36 (thirty-six) hours per week, in partnership with AMR	Currently in process	LOFD currently has a subcontract with AMR to transport. LOFD & AMR are working on implementing a pilot. The ambulance service plan is not the appropriate place for this project.	
3. **Eliminate Woodburn Service Area** - Eliminate the Aurora/Woodburn service area by merging its northern half into the existing Canby ASA and the southern half into the existing Molalla ASA.	Recommended for inclusion in plan	This area is not an ASA but an area serviced by Woodburn Ambulance. This change will provide transparency and service equity to this area.	No fiscal impact to Clackamas County.
4. **Three designated ASAs** - Designate the following agencies as the primary EMS transport providers for their ASAs: Clackamas ASA - AMR, Canby ASA - Canby Fire, Molalla ASA - Molalla Fire	Recommended for inclusion in plan	Recommendation is to continue with the three ASAs identified in the current ASA.	No fiscal impact to Clackamas County. Current ASAs remain the same except for the merging of the area served by Woodburn Ambulance.
5. **Regulate interfacility medical transportation** - Activate the provision in current regulation permitting the County to designate interfacility medical transportation services as a franchise, to a sole provider.	Not recommended for inclusion	BCC & hospital systems do not support this change as a competetive market allows for flexibilty and more cost effective resources.	
6. **Coordinate with hospitals on #6** - Coordinate with those hospital administrations that would be the recipients of service from the exclusive interfacility medical transportation to develop performance standards and key performance indicators.	Not recommended for inclusion	This recommendation is not applicable as it is tied to recommendation #6 which will not be included in the ambulanc service plan update.	
7. **Real time AMR GPS** - AMR's current dispatch center should share real-time GPS and unit status of its EMS resources with other communications centers and LOCOM, CCOM and WCCCA.	Currently in process	This is already in process and is in the current AMR ambulance service contract. AMR unit GPS data can be seen by CCOM & LOCOM but not in real time. This is currently being addressed.	There may be a fiscal impact to AMR to update GPS software. We are researching what is needed to accomplish this and will know the fiscal impact when the solution is identified.
8. **911 Dispatch Center EMS Policies** - Operationally amalgamate the Clackamas County communications centers (LOCOM & CCOM) into a virtually unified functional entity, either procedurally or operatively. A physical merger is not recommended since redundant locations provide a more robust infrastructure and should be maintained. Both centers should also be required to attain and maintain EMS accreditation through the International Academies of Emergency Dispatch (IAED) within a reasonable	Recommended for inclusion in plan	CCOM & LOCOM currently utilize the same medical priority dispatch system and have similar policies & procedures. LOCOM has recently been accredited. The EMS Council and stakeholders will work with CCOM to assist with their accreditation.	Fiscal impact to CCOM to become accredited. Staff time to review requisite number of incidents and ensure CCOM meets the many requirements of accreditation. (No general funds)
9. **Formalized EMS Response Integration Plan** - Create a formalized response integration plan between all the ASAs' EMS agencies.	Recommended for inclusion in plan	Collaborative work is being conducted with representatives from the three ASAs to develop the response integration plan.	Fiscal impact is limited to staff and stakeholder time to develop the reponse integration plan. (No general funds)
10. **Develop EMS Key Performance Indicators** - Develop patient centered, medical care quality Key Performance Indicators (KPI) applicable to all EMS providers.	Recommended for inclusion in plan	This is in process with the EMS Council's Quality Improvement Committee. Several KPI have already been developed.	Fiscal impact is predominantly limited to staff and stakeholder time to develop and implement KPI. Monitoring of KPI will be done utizlizing FirstWatch/FirstPass platform. Some fiscal impact for EMS Data Analyst work on monitoring KPI. (No general funds)
11. **EMS Quality Improvement position** - Create an EMS Quality Program Manager position within the Clackamas County EMS Coordinator's office, to receive, process and analyze data from the EMS first responder and ambulance services, and other sources, to generate system level measures, reports, and analytics.	Currently in process	We are in the process of hiring an EMS Data Analyst who will perform many of the duties described in this recommendation. The ambulance service plan is not the appropriate place for this project.	
12. **Evaluate tiered EMS service** - Conduct a thorough study examining and evaluating tiered (separating Basic Life Support and Advanced Life Support into distinct levels of response and treatment by using different apparatus and crews) EMS service provision in each ASA.	Recommended for inclusion in plan	Basic Life Support response level will be added to the ASP. Multnomah and Washington Counties are also adding this response level.	The financial impact of such a change in delivery model would be minimal. In fact, an annual operating cost reduction should be realized throughout the system and especially by the main EMS ambulance provider. Since BLS units are less expensive to staff and operate, modifying the current all ALS system to a tiered BLS/ALS design, could reduce the annual cost for most of the transport units.
13. **Uniform emegency warning devices policy** - The County should adopt a uniformed policy regarding the use of emergency warning devices (EWD) for EMS apparatus. To enhance the safety of providers, patients, and the public at large, an EWD policy governing limiting their use, consistent with current national studies, should be developed.	Recommended for inclusion in plan	This policy will be referenced in the updated ASP.	Fiscal impact limited to staff and stakeholders developing and implementing policy. (No general funds)
14. **Modify EMS Council** - Modify the EMS Council to include Labor/MGMT subcommittee and additional stakeholders.	Completed	This has been completed. The ambulance service plan is not the appropriate place for this project.	
15. **Community Paramedic Stakeholder forum** - Clackamas County should host a county-wide community stakeholder engagement forum inviting all interested parties as an opportunity to educate the public and healthcare providers regarding the concept of Community Paramedicine.	Currently in process	This is a recommendation on the process of implementing a community paramedic program. The ambulance service plan will address community paramedicine at a high level. The stakeholder forum is one piece of the process and the ambulance servcie plan is not the appropriate place for this language.	

Summary of Review Recommendations Concerning the Ambulance Service Area Plan

Recommendation (not in ranked order)	Staff Recommendations For Inclusion	Rationale	Fiscal Impact
16. **Enahance EMS relationship with hospitals** - The County's EMS providers and its EMS authority should enhance their relationships with local and specialty hospitals by creating opportunities for engagement.	Currently in process	We are actively working on our relationship with our hospital partners. The ambulance service plan is not the appropriate place for this project.	
17. **Ambulance contracts required to participate in EMS education** - All ambulance service contracts, inclusive of both EMS and the non-emergent medical transportation segment, should include provisions that require the provider, and any of their sub-contractors, to fully participate in the County's Continuing EMS Education and Joint Training Program, including fulfilling all data requests within specified time frames.	Recommended for inclusion in plan	This is referenced in the current ASP. Updated plan will include additional language clarifying expectations.	Fiscal impact to County is staff time to monitor reports from ambulance service providers compliance. Fiscal impact to service providers if EMS education is conducted "off duty" as employees must be paid per Collective Bargaining Agreements. (No general funds)
18. **Peformance Based AMR Contract** - A new contract between the County and the private provider (AMR) for the Clackamas ASA should be executed that includes specific required performance standards. This contract should have no specific date of termination, but rather incorporate cessation clauses focused on the provider's failure to adequately meet or exceed clearly delineated required performance standards.	Recommended for inclusion in plan	Performance-based ambulance service contract with AMR is currently being developed.	Fiscal impact to County is staff time to develop contract amendment and monitor performance based metric compliance. Compliance will be performed utillizing FirstWatch/FirstPass platform. (No general funds)
19. **Reduce First Responder dispatching to low acuity EMS Calls** - Establish a County-wide response policy recommending all EMS providers and Communications Centers significantly reduce or curtail the dispatch of first response EMS units to non-life-threatening calls and those requiring no urgent response.	Recommended for inclusion in plan	We are working with the Fire Defense Board and AMR to reduce the dispatching of first responders to low acuity incidents with the goal of maximizing efficiencies of current resources.	No fiscal impact to Clackamas County. Implementing this recommendation could result in a very small decrease in 911 dispatcher workload as they will reduce the dispatching of first responders. They will still need to triage every call and forward to AMR for ambulance dispatching.
20. **Cost savings account change to franchise fee** - Provide monies for the EMS Consortium's System Enhancement Fund from a portion of the private providers' franchise fees and eliminate the use of service savings for this purpose.	Not recommended for inclusion	This is an AMR contract issue and the ambulance service plan is not the appropriate place for this language.	No fiscal impact to Clackamas County. This would simply change the "bucket" that AMR uses to pay the same amount.
21. **Culturally sensitive educational & performance standards to reduce care inequities** - Specific educational and performance standards should be developed that focus on the mitigation and elimination of medical care inequities in the provision of EMS in Clackamas County.	Recommended for inclusion in plan	Verbiage will be added to the ASP and outline expecations regarding this recommendation.	Fiscal impact will be for staff and stakeholder time to develop and implement educational and performance standards, and to monitor compliance. (No general funds)

CLACKAMAS COUNTY CODE

TITLE 10

FRANCHISES

CHAPTER 10.01 Table of Contents

A. **1**

0.01 AMBULANCE SERVICE PLAN 1

10.01.010 Certification by Board of County Commissioners 1

10.01.020 Overview of County 1

10.01.030 Definitions 2

10.01.040 Boundaries 5

10.01.050 System Elements 9

10.01.060 Coordination 19

10.01.070 Provider Selection 23

10.01.080 County Ordinances and Rules 26

DRAFT

CHAPTER 10.01

10.1 AMBULANCE SERVICE PLAN

10.1.10 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]

10.1.20 Overview of County

A. Clackamas County has a population of approximately ~~378,480 as of April 1, 2010,~~422,537 (Us Census Bureau, 2021), and an area of 1,~~879~~870.7 square miles~~.~~ (US Census Bureau, 2021). 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~~sixteen 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.

A. 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.

B. 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]

10.1.30 Definitions

A. “ADVANCED LIFE SUPPORT” (ALS) – Means a level of medical care provided in the field by paramedics, as defined by Oregon Statutes

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

~~C.~~D. "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.~~E. "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.

F. “BASIC LIFE SUPPORT” (BLS) means a level of medical care that can be provided in the field by paramedics or EMT’s, as defined by Oregon Statutes.

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

H. “CODE 1” means emergency medical response not utilizing lights and sirens.

I. “CODE 3” means emergency medical response utilizing lights and sirens.

DRAFT

J. “COMMUNITY PARAMEDIC” or “CP” means a licensed paramedic with advanced training to operate in an expanded role for patients in non-emergent out-of-hospital settings. The CP extends the reach of primary care and public health services to vulnerable populations in the community through direct care, resource connection, and healthcare system navigation.

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

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

M. “CULTURAL COMPETENCE” means (in healthcare) the ability for healthcare professionals to demonstrate cultural competence toward patients with diverse values, beliefs, and feelings.

~~H.~~N. "DEPARTMENT" or “H3S” means the Clackamas County Department of Health, Housing and Human Services.

~~I.~~O. ~~"~~“DIVISION~~"~~” means the Public Health Division, Oregon Health Authority~~.~~

DRAFT

~~J.~~P. ~~"~~"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.~~Q. "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.~~R. "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.~~S. "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.~~T. "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.~~U. "EMERGENCY PHYSICIAN ADVISORY BOARD" or "EPAB" means an advisory board constituted by the Supervising Physician of each EMS responding agency in the County.

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

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

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

Z. “HEALTH EQUITY” means the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, or geographically.

AA. “LAKE OSWEGO COMMUNICATIONS CENTER” (LO-COM) means a division of the City of Lake Oswego that operates a public safety access point (PSAP).

BB. “LEVEL ZERO MINUTES” means the number of minutes in a calendar month when the Ambulance Provider did not have any currently active ambulances available to respond to an emergency within the Clackamas ASA.

CC. "MAXIMUM AVERAGE BILL" means the total number of dollars charged for emergency ambulance services during the contract year, minus any charges for franchise fees, medical direction, oversight, regulation, standbys, special events and

DRAFT

other special charges, divided by the total number of ambulance patients transported as documented by the number of base rates charged during the same period.

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

FF. "“MOBILE INTEGRATED HEALTHCARE” or “MIH” means the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. MIH aims to deliver higher quality and more cost-effective medical care by coordinating resources, and includes services such as community paramedicine, 9-1-1 nurse triage, chronic disease management, preventive care, post discharge follow-up, and alternate destination/ED diversion.

V.GG. “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. HH. “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.

EE. "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.

FF. "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.

GG. "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.

HH. AA. “REGION” means one of eight areas into which the Clackamas ASA is divided which are used for reviewing response times for communities inside the service area. area.

a. Region 1 includes Lake Oswego and part of West Linn in the urban and suburban zones west of the Willamette River and north of the Hidden Springs Line.

b. The Hidden Springs Line is a dividing line west of the Willamette River which follows Mapleton Drive from the Willamette River to Highway 43, then Highway 43 to Hidden Springs Road, then Hidden Springs Road to Rosemont Road. From the junction of Hidden Springs Road and Rosemont Road the line goes northwest to the junction of Mossy Brae Road and Stafford Road, then follows Stafford Road to Borland Road, and then Borland Road to the Tualatin City Limits.

c. Region 2 includes West Linn and Wilsonville, the urban, suburban, and rural zones west of Willamette River and south of the Hidden Springs Line.

d. Region 3 is Gladstone and Oregon City

e. Region 4 is Milwaukie and Oak Lodge

f. Region 5 is urban Clackamas Fire District 1 (not including Region 4), including Happy Valley.

g. Region 6 is suburban Boring, Clackamas Fire District 1, Estacada, Damascus and Sandy.

h. Region 7 is rural Hoodland and Sandy.

i. Region 8 is rural Boring, Clackamas Fire District 1, Fire District #68, and

Estacada.

II. "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.

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

KK. 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.

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

MM. EE. "" UNIT HOUR" means one(1) hour of service by fully equipped and staffed ambulance assigned to a call or available for an assignment

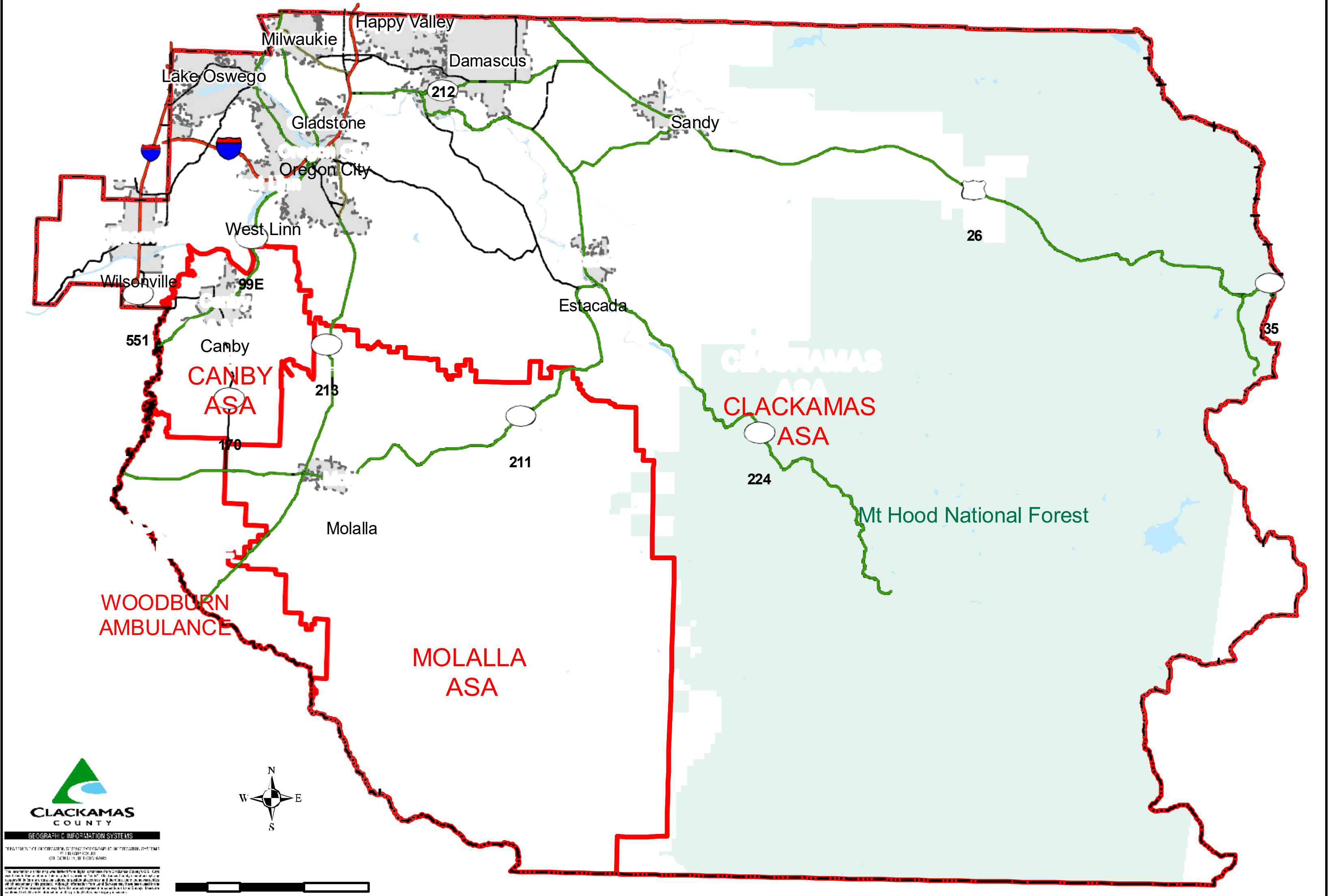
NN. "UNIT HOUR UTILIZATION (UHU)" means the ratio between the number of transports divided by the number of incidents

OO. "UTILIZATION" means a measure that compares the available resources (unit-hours) with actual time that those unit-hours are being consumed by productive activity. The measure is calculated to determine the percentage of unit-hours consumed in productivity with the total available unit hours.

MM. PP. "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]

II. *CLACKAMAS COUNTY AMBULANCE SERVICE AREAS*



0 1.5 3 6 9
Miles

B. ASA Narrative Description

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

   a. ~~The City of~~ Molalla ~~and~~ASA: The Molalla ASA is the area served by ~~the~~ Molalla Rural Fire Protection District ambulance~~, including~~ includes the Molalla Fire District, the Colton ~~and Molalla Fire Districts,~~Fire District and the Monitor Fire District south of Barnards Road within Clackamas County, including 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~~ASA: The Canby ASA is the area served by the Canby Fire Protection District ambulance~~, including~~ and includes the ~~part~~Canby Fire District and the parts of the Aurora Fire District and Monitor Fire District north of Miller Road within Clackamas County ~~east of the Pudding River, known as the "Canby ASA."~~

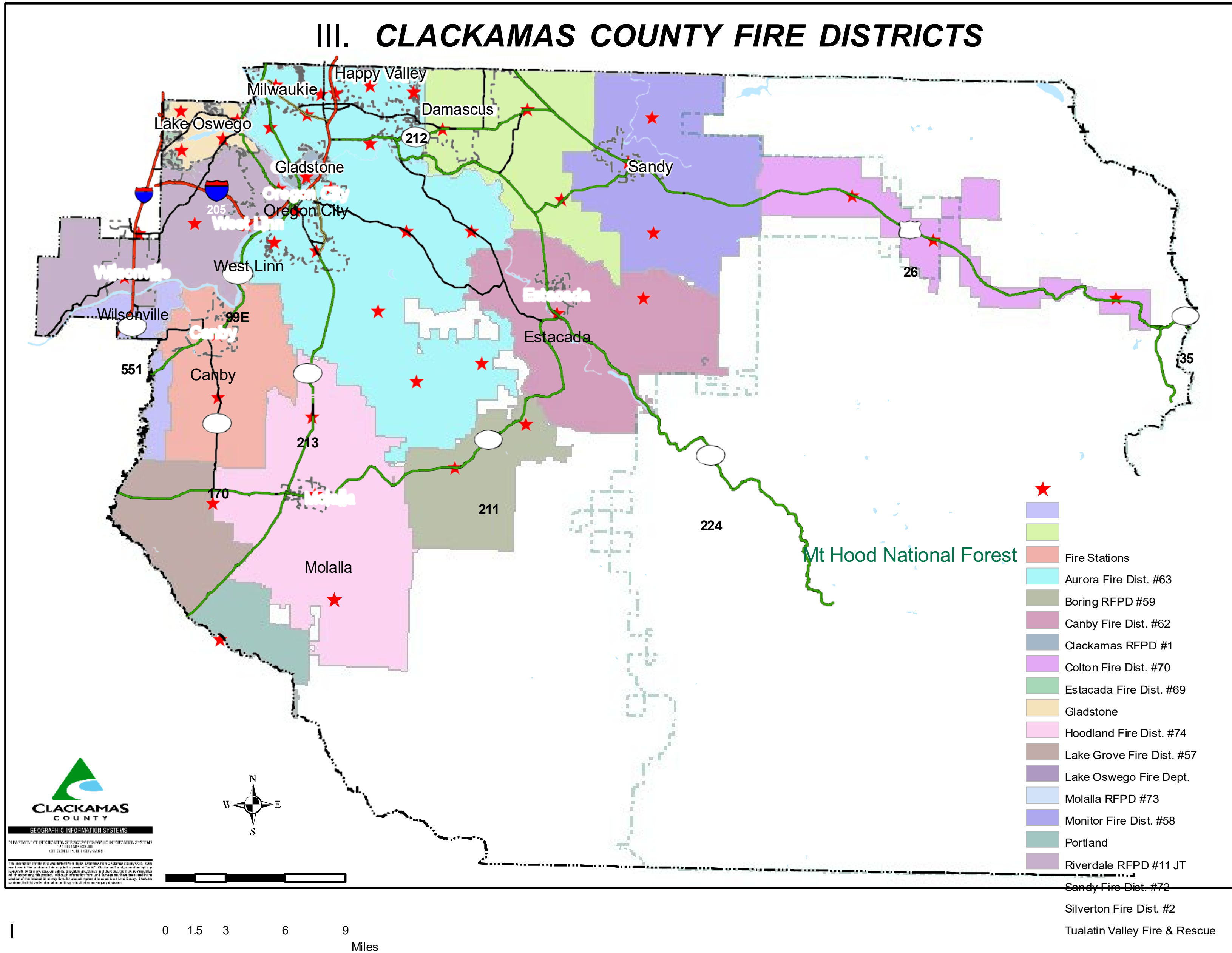
   c. Clackamas ASA: The Clackamas ~~Ambulance Service Area~~ASA is composed of the remaining part of the County except the part of the City of Tualatin located in Clackamas County that is served under an intergovernmental agreement with Washington County~~, and the parts of the Aurora, Monitor and Silverton 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:

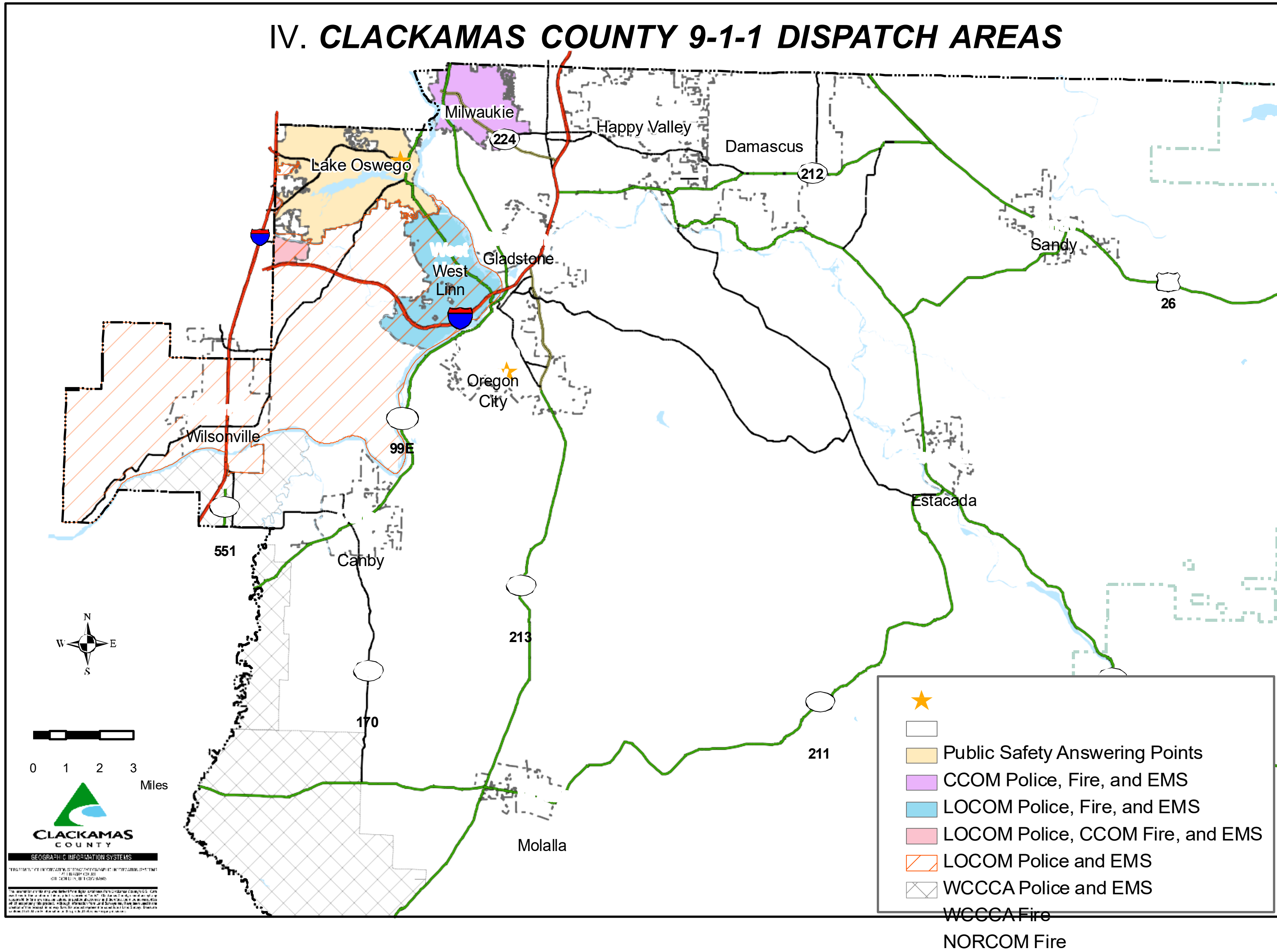
      i. The City of Wilsonville within Washington County is served under an intergovernmental agreement with Washington County.
      ii. The parts of the Cities of Lake Oswego and Rivergrove that are within Washington County are served under an intergovernmental agreement with Washington County.
      iii. 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



E. Alternatives Considered to Reduce Response Times

~~The County believes that, while there are many artificial and geographic barriers to improving~~

1. While short response times~~, e. g.,~~ are relevant for a select set of EMS call types, best practices favor increasing the allowed time for EMS units to respond to most dispatches when the MPDS classifies the incident as not requiring a "hot" response. To this end, the County has established operational standards that address response time intervals in combination with clinical performance measures.

~~1.~~2. Many factors such as distance~~, rural~~ and population ~~and~~ density~~, etc., by establishing maximum~~ impact response times ~~based on~~; therefore, the County has identified response time standards for urban, suburban, rural, and frontier ~~categories, establishing a procedure that monitors~~zones. With procedures to monitor response ~~time~~times and clinical performance, and ~~establishing~~ a system of ~~times and~~ penalties for ~~failure to comply~~non-compliance and incentives for exceeding minimum compliance standards, the County has established the framework ~~from which~~for Ambulance Providers ~~can~~to operate ~~to~~and 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.~~3. 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.~~4. 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~~.~~ while improving quality of care and patient outcomes. 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.
   ~~work toward this goal.~~

5. Assigning multiple resources to low acuity 911 calls limits the number of

EMS assets in the system available to respond to higher acuity incidents. Additionally, it can increase the risk to responding personnel and the public while inflating operational costs. Therefore, dispatching first responder EMS units to non-life threatening incidents should be reduced whenever possible, based on the Medical Priority Dispatch System (MPDS) triage criteria.

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

10.1.50 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~~ Marion Area Multi Agency Emergency Telecommunications (METCOM) and Washington County Consolidated Communications Agency (WCCCA) for dispatch in the areas served by Woodburn Ambulance Service and Tualatin Valley Fire and Rescue ~~and Woodburn Ambulance Service~~(TFVR), respectively.

LOCOM dispatches fire and EMS in Lake Oswego and the Clackamas ASA served by the Lake Oswego Fire Department and forwards information to WCCA for dispatch in the areas served by TVFR.

~~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 of the Clackamas ASA 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 and LOCOM 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~~EMSMD, with the advice of EPAB. All calls classified as emergency medical 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~~center performance. Centers are required to answer ~~times, notification times, total call processing times and compliance with~~requests for emergency ~~medical dispatch protocols~~assistance within 10 seconds, 90% of the time.

~~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~~ Centers will perform quality assurance reviews on no less than 2% of ECHO-level calls and maintain a comprehensive quality improvement program that incorporates active call reviews, continuing education, and appropriate oversight committees.

All calls received by an Ambulance Service Provider ~~receives a call~~ for Emergency Ambulance ~~Service~~Services as determined by approved dispatch protocols ~~on a non-emergency telephone line, that service shall~~will be immediately ~~notify the appropriate designated~~forwarded, transferred, or otherwise communicated in accordance with protocols established by the

County, to the appropriate dispatch centercenters for EMS and emergency ambulance providers. 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

Response time intervals are measured from the time of call receipt by the Ambulance Service Provider to the time of arrival on-scene. Ambulance Service Providers are encouraged to exceed minimum performance-requirements.

Initially,. Additional terms and conditions regarding failure to meet response times for, including liquidated damages, will be included in any contract with the Ambulance Service provider.

The EMS Coordinator may analyze and update response time requirements based on an evaluation of the current EMS system and forecasted needs. Such updates may be reflected in either an amended ASP or in any contract between the County and the Provider:

Code -3 calls shall be within the following response time limits.:

Urban Areas: **Zone:**

- Maximum response time of 8:00 10-minutes for 90% of all emergency calls. (ALS ambulance)
- Maximum response time of 10-minutes for 90% of calls (BLS ambulance)

Suburban Areas: **Zone:**

- Maximum response time of 12:00 -minutes for 90% of all emergency calls. (BLS ambulance)
- Maximum response time of 12-minutes for 90% of calls (ALS ambulance)

Rural Areas: **Zone:**

- Maximum response time of 25:00 -minutes for 90% of all emergency calls. (BLS ambulance)
- Frontier Areas: Maximum response time of 2:00:00 hours25-minutes for 90% of all emergency calls. (ALS ambulance)

Frontier:

- Maximum response time of 120-minutes for 90% of calls (ALS ambulance)
- Maximum response time of 120-minutes for 90% of calls (BLS ambulance)

Code 1 calls shall be within the following response time limits:

Urban Zone:

- Maximum response time of 15-minutes for 90% of calls (ALS ambulance)
- Maximum response time of 15-minutes for 90% of calls (BLS ambulance)

Suburban Zone:

- Maximum response time of 20-minutes for 90% of calls (ALS ambulance)
- Maximum response time of 20-minutes for 90% of calls (BLS ambulance)

Rural Zone:

- Maximum response time of 30-minutes for 90% of calls (BLS ambulance)
- Maximum response time of 30-minutes for 90% of calls (ALS ambulance)

Frontier:

- Maximum response time of 130-minutes for 90% of calls (ALS ambulance)
- Maximum response time of 130-minutes for 90% of calls (BLS ambulance)

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.

a. 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.

b. 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 Provider will utilize the County's then-current Online Compliance Utility to monitor and report system response intervals and clinical performance of first responders and ambulances. The reports will capture additional data related to response numbers, time stamps, ambulance status, patient transports, ambulance crew information, vehicles, and any call edits performed.

Ambulance Providers contracted by the County shall ~~document in writing, in a manner as required by the County,~~report each ambulance call dispatched which was not responded to within a response time designated for the area of the call. If more than 10% of the emergency calls in any ~~type of~~given 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.

~~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.~~

Ambulance Service Provider's failure to meet any required performance standards ("RPS") under either this Ambulance Service Plan or any contract between the County and the Ambulance Service Provider may result in one or more of the following:

- County requiring Ambulance Provider to submit an explanatory report to the County EMS Coordinator detailing why the failure(s) occurred.
- County requiring Ambulance Provider to submit and perform a corrective action plan detailing how Ambulance Provider will ensure future compliance with the RPSs;
- County assessing Ambulance Provider any penalties, fees, liquidated damages, or other costs as may be included in the contract between County and the Ambulance Service Provider; or other remedies may also be imposed if a RPS is unmet on one or more instances;
- County terminating or revoking any franchise rights, ASA assignments, or other rights granted by County to Ambulance Service Provider;
- County accessing any performance security provided by Ambulance Service Provider;
- Any other rights or remedies that may be available to County at law, in equity, or under the terms and conditions of this Ambulance Service Plan or the contract between the County and the Ambulance Service Provider.

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.s or IGAs

D. Clinical Process Data and Performance Requirements

Ambulance Service Providers shall be required to continuously follow all clinical process and data submission standards proved by the County. All systems and reports must comply with County, state, and federal data collection and reporting requirements.

Ambulance Service Providers shall meet the County's current clinical performance standards. The EMSMD, working in collaboration, will have the authority to update and expand the clinical process and data standards based on industry and clinical best practices.

E. Clinical Performance Exceptions and Exemption Requests

Ambulance provider shall maintain mechanisms to ensure the delivery of high-quality patient care to the residents of Clackamas County. However, it is understood that on occasion there will be factors beyond the Ambulance Provider's control that may affect achievement of a specific clinical performance standard. Should the Ambulance Provider desire to appeal a penalty assessed for non-compliance of a clinical performance standard as defined in this ambulance service plan, Ambulance Provider shall prepare detailed documentation for each requested exception. Requests shall be submitted to the County EMS Coordinator within 15 days after the end of the month.

The EMS Coordinator will review the request together with that month's performance reports and issue a determination. In some cases, the EMSMD will be consulted to make the final determination. Should the Ambulance Provider dispute the EMS Coordinator or EMSMD's determination, Provider may submit a written appeal to the Director of Public Health for a definitive ruling within 5 days of receiving the clinical non-compliance calculations summary. The Director's ruling will be final and binding.

F. Penalties and Incentives for Failure to Meet Response Time/Performance Criteria Response time performance of Ambulance Providers under

The Ambulance Provider designated by Clackamas County as the primary entity responsible for the delivery of emergency medical services,

including ambulance transport services, for an Ambulance Service Area must maintain compliance with the required performance standards (RPS) specified herein. Failure to maintain compliance may result in actions and/or penalties. The primary County designated provider for an ASA may elect to sub-contract to theportions of their designated ASA to eligible entities, but the responsibility for meeting specified performance standards in those areas remains that of the primary County designated provider.

County shall be reviewed monthly. For those months that the provider fails to respond to 90 percent aggregate of all Code 3 calls within a time period specified under Response Times (Section 10.01.050.C.2050C2), the County will review appropriate system-status plans, unit-hour-production capacities, utilization (UHU), or other factors to determine the causes of noncompliance. For those months that the provider fails to meet the 90 percent minimum compliance standard, a $1,000 financial penalty for each one-tenth of a percentage point less than 90 percent willmay be assessedimposed for each individual zone (i.where the failure occurred (e.g., Urban, Suburban, Rural and Frontier). The penalty BLS responses will increase to $2,000 for each one-tenth of a

~~percentage point less than 90 percent if~~be assessed at the ~~provider fails to meet the 90 percent standard in additional consecutive months. The same penalties~~initial penalty rate and ALS responses will ~~apply if response~~be assessed at two times ~~for Code 1 calls established by the County are not met~~the initial penalty rate.

For monitoring purposes, each geographical 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).~~ as outlined in (Section 10.01.050C2). The County will review outlier 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.

~~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.~~ Outlier calls will be assessed a per case financial penalty for each minute in excess of the response time limit for a given zone. Code 1 responses will be assessed at the initial penalty rate and Code 3 responses will be assessed at two times the initial penalty rate.

High performance incentives will be assessed when monthly aggregate response compliance exceeds 90% in a given zone. Code 1 and Code 3 responses will be assessed at the same financial incentive rate. The Ambulance Provider will receive 1% off outlier penalties for every tenth of a percent above the 90% compliance standard. Incentive amounts in excess of penalties do not result in additional financial compensation to the Ambulance Provider. However, incentives can accumulate and carry forward to offset penalties in future months but not past the period of the Ambulance Service agreement and any extensions. Any performance incentive balances at the end of the Ambulance Service agreement will not result in additional compensation to the Ambulance Provider.

Penalties for failure to report “unit arrived on scene” times for calls will be assessed per incident each time an ambulance crew fails to report and document on scene time. Arrival on scene will be determined by AVL and means the moment an ambulance is fully stopped at the location where the ambulance will be parked while the crew exits to approach the patient. In situation where the ambulance has responded to location other than the scene (e.g., staging areas for hazardous scenes), arrival “on scene” will be the time the ambulance arrives at the designated staging location.

In instances of AVL failure, the time of the next communication with the ambulance will be used as the “on scene” time. However, the Ambulance Provider may appeal such instances when they can document the actual arrival time through other means. 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.~~

The contract between the County and a selected Ambulance Provider may contain additional actions, penalties, or other costs for failure to meet the response time and clinical performance requirements of this ASP.

~~D.~~G. 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.

E.H. Levels of Care

Ambulance Service Providers for each Ambulance Service Area:

1. 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.

2. May provide service at the basic life support level, staffed by Emergency Medical Service Providers as described in Section 10.01.050E, on a schedule approved by the Division.

2.3. 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.

3.4. Shall maintain and make available, upon request of the Department, patient care records in a form approved by the Department.

4.5. Shall prohibit the performance of Emergency Medical Services Providers or trainees who suffer suspension, revocation, or termination of license by the Division.

I. Health Equity and Cultural Competence Programs

1. Supporting countywide health goals that address racial health equity and cultural responsiveness in access and quality of services are a fundamental part of Clackamas County's commitment to protecting and promoting the community's health. The Ambulance Service Provider is expected to develop a diverse EMS workforce that reflects the composition of the community; improve patient experience through culturally responsive and linguistically appropriate services; and support outreach to high-risk high-need communities to identify and address barriers in service and communication.

2. Ambulance Service Provider commits to providing high quality medical care through the provision and development of necessary capacities including, but not limited to:
   a. Training for direct service and supervisory staff to promote a basic level of cultural knowledge and competence.
   b. Training for direct service and supervisory staff to develop knowledge and skills to support specific behaviors to be applied in cross-cultural situations.
   c. Leadership support for improved cultural competence.
   d. Funding for cultural competence and responsiveness training.

e. Development or expansion of key organizational and service delivery policies and foundational documents to include the value and delivery of culturally responsive services.
f. Mechanisms for accountability around culturally responsive services - e.g., recognition of improvements in service and management of complaints and other adverse occurrences.
g. Offering language assistance at no cost to patients with limited English proficiency and/or other communication needs, to facilitate timely and appropriate access to EMS care and services.
h. Provision of easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

3. Ambulance service provider commits to minimize barriers in EMS access, care, and communication in culturally and racially diverse populations through targeted community-level interventions including, but not limited to:

a. Development or expansion of a targeted, systematic, and culturally specific approach to community outreach, including interventions which maximize access to diverse populations as appropriate to the health issue being addressed.
b. Ambulance Service Provider shall report outcome data to the County related to targeted health issues determined by the County.

F. Clinical Innovation

1. It is Clackamas County's intent that the Ambulance Service Provider have a proven track record of clinical innovations. The Providers shall routinely work with Clackamas County staff to identify data-driven service innovations to elevate the level of clinical care. These innovations can be (but not limited to):

a. Emergency Triage, Treat, and Transport (ET3)
Participants in theET3 model would receive payments for ambulance services for transports to alternative destinations at the appropriate emergency BLS or emergency ALS level rate.

b. Nurse Triage
A contracted nurse triage service provider would triage calls, provide advice, and possibly reroute the patients to an alternate destination.

c. Alternate Destination Transport
Based on clinical diagnoses, non-emergency injury or illness patients would be transported to an alternate destination instead of the emergency department (ED). Alternate destinations may include (but not limited to) behavioral health facilities, detoxification centers, or urgent care centers.

d. Tele Medicine
Consulting with a mid-level health practitioner, paramedics could treat patients in their homes via mobile devices and the use of current technology.

e. Mobile Integrated Healthcare (MIH)

Using patient-centered mobile resources in the out-of-hospital environment, community paramedics or mid-level health practitioners provide services such as telephone advice to 9-1-1 callers, chronic disease management, preventive care or post discharge follow-up visits, or transport or referral to a broad spectrum of appropriate care not limited to hospital emergency departments.

f. Community Paramedicine

Working in collaboration with primary care and public health, CPs can assess and evaluate community services and systems to identify gaps and barriers between the community and healthcare systems and services. CPs are trained to navigate systems and establish relationships to better serve individuals in their communities while contributing to the overall goal of empowering those individuals and communities to achieve positive health outcomes and reach an optimal level of wellness. The CP's role in primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, and treatment of acute and chronic illnesses in a variety of settings—typically in the patient's home.

g. Single Person/Single Resource

Depending on the severity and type of call, a single person single resource can be a cost-effective option for responding to low acuity calls. As a nimble resource, these units can also be dispatched on high acuity calls in addition to other resources to get to the incident quicker and initiate efforts to stop the progression of an emergency.

~~F.~~J. 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~~ two Emergency Medical Services Providers. The minimum level of staffing is one (1) licensed Paramedic and one (1) licensed Emergency Medical Technician.

3. Basic Life Support Ambulances shall be staffed at minimum with two Emergency Service Providers. The minimum level of staffing is two (2) licensed Emergency Medical Technicians.

~~3.~~4. 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.

~~G.~~K. Medical Supervision

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

2. 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.

3. The EMSMD:
   a. Serves as the Medical Director for Ambulance Service Providers contracted by the County, CCOM, and may serve as the Medical Director for any agency providing Emergency Medical Services in Clackamas County.
   b. 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.
   c. May, in appropriate cases, suspend medical authorization for Emergency Medical Services Providers working under his/her medical authorization.
   d. Provides oversight of the County quality improvement program.
   e. Assists the County in disaster preparedness and response.
   f. May recommend modifications to the response time requirements in the Ambulance Service Plan.
   g. Participates in the regional protocol development process.
   h. 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.
   i. 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:
      i. Staffing requirements for EMS services.
      ii. Coordination of ambulance services with other EMS services.
      iii. Training needs of EMS services and providers.
      iv. Standards for quality improvement programs.
      v. Procedures for the resolution of quality assurance problems.
      vi. Sanctions for noncompliant personnel and providers
      vii. Ambulance Service Providers, Participating Providers and dispatch centers shall have a Medical Director who meets standards established by the Department and the EMSMD.
      viii. Dispatch centers providing ambulance dispatch shall have a

Medical Director and use emergency medical dispatch protocols approved by the EMSMD.

ix. 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.

x. Medical supervision is also addressed in the Quality Improvement provisions of this Plan (Section 10.01.050.J).

~~H.~~L. 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).

~~I.~~M. Vehicles

Ambulance Service Providers for each Ambulance Service Area shall:

a. Supply a sufficient number of vehicles outfitted with necessary equipment and supplies as required by the County and Oregon Revised Statutes and Administrative Rules.

b. Equip all ambulances with automatic vehicle location systems (AVL) and Mobile Data Computers (MDC) with Global Positioning Satellite (GPS) mapping. Ambulance Providers will maintain the equipment and ensure it remains in working order.

~~b.~~c. Report annually to the Department, upon request, the type, age and mileage of each vehicle.

~~c.~~d. 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.

~~J.~~N. Training

a. 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.

b. 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.

c. This plan establishes a goal of conducting Multi-Agency Training for all Ambulance Service Providers and First Responder Agencies at least once each year.

d. All ambulance service providers will fully participate in the County's continuing EMS education and joint training program, including fulfilling all data requests within specified time frames.

~~K.~~O. Quality Improvement

~~d.~~e. 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.

~~e.~~f. The EMSMD provides oversight of the County quality improvement program.

~~f.~~g. 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.

~~g.~~h. 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.

~~h.~~i. 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.

~~i.~~j. At a minimum, the County expects Emergency Medical Services Agencies to:

i. Supervise the services provided by them.

ii. 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;

iii. Participate actively in the EMS Council Quality Improvement Subcommittee

~~iii.~~iv. Maintain State and local vehicle permits and personnel licenses;

~~iv.~~v. 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.

~~v.~~vi. Utilize the services of a Medical Director to review the quality of care provided by them.

~~j.~~k. 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.

k.l. 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.

L.P. 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]

10.1.60 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.~~

2.1. Complaints regarding EMS response performance, patient treatment, choice of transport destination, or patient transport billing issues will be reported to the County EMS Coordinator per Clackamas County policy EMS1 that outlines the complaint process.

3.2. 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.

4.3. To provide regular consultation on EMS issues, the Board has appointed an Emergency Medical Services Council composed of ~~eleven~~twelve 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.

l. The EMSMD will serve as an ex officio member.

~~5.~~4. Appointments shall be made for a term of three years.

~~6.~~5. The Council shall adopt bylaws to govern the operations of the Council.

~~7.~~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.

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. 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

EMS Medical Director, compliance with this provision may be supervised by the agency's Medical Director.

3. All EMS Provider Agencies shall provide training for their crews to the hazardous materials first responder (awareness) level as determined by the Occupational Safety and Health Administration.

4. The authority having jurisdiction will identify the appropriate lead agency for hazardous materials, extrication, search and rescue, and specialized rescue.

5. All Ambulance Providers will participate in and comply with the countywide incident command and personnel accountability systems established by the Fire Defense Board.

F. Emergency Communication and System Access

1. Telephone and Dispatch Procedures

   9-1-1 calls for emergency services received by Clackamas County Communications (C-COM) and Lake Oswego Communications (LOCOM) are dispatched, or forwarded to WCCCA or ~~NORCOM~~METCOM for dispatch, as appropriate.

   These PSAPs provide twenty-four hour per day staffing for dispatch of police, fire and medical services and for emergency and routine radio communications between users and other resources relating to the functions of user agencies.

   PSAP dispatch personnel are trained in cardio pulmonary resuscitation (CPR) and emergency medical dispatch (EMD) techniques and will provide instructions for pre-arrival treatment if calling party is willing to perform treatment to ill or injured victims.

2. Radio System

   The County has ~~both~~ an 800-megahertz ~~and a VHF~~ radio system. Clackamas County Public Health is a partner of C800. Ambulance Providers shall provide, install and utilize radios required by the County and shall be able to communicate with all Clackamas County first response agencies.

3. Emergency Ambulance Providers shall meet requirements for communication with On-Line Medical Control, trauma communications and receiving hospitals established by the County ~~EMS Medical Director.~~EMSMD.

4. Emergency Medical Services Dispatcher Training

   All dispatch centers handling EMS Calls will be required to operate under emergency medical dispatch (EMD) ~~and Priority Dispatch~~ procedures approved by the County ~~EMS Medical Director.~~EMSMD. EPAB may provide advice and consultation to the County ~~EMS Medical Director~~EMSMD in the development, evaluation and selection of EMD ~~and Priority Dispatch~~ systems. All persons assigned to EMS duties and call taking will be required to complete a prescribed training program in EMD.

5. Ambulance Providers shall follow dispatch and radio procedures as determined by member boards of each PSAP and the Fire Defense Board.

G. Changes by the Board

The Board reserves the right, after further addressing and considering the subjects or items as required by law, to change coordination provisions described in Sections 10.01.060.A through 10.01.060.F 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]

10.1.70 PROVIDER SELECTION

A. Initial Assignment of Ambulance Providers

Initial assignment of Ambulance Providers has been as follows:

1. The Molalla Rural Fire Protection District (RFPD) was assigned as the provider for the Molalla ASA under the 1991 Ambulance Service Plan, and will continue to provide service to that area.
2. The Canby Rural Fire Protection District was assigned as the provider for the Canby ASA under the 1991 Ambulance Service Plan, and will continue to provide service to that area.
3. American Medical Response was assigned as the provider for the Clackamas ASA in a competitive process under the 1993 Ambulance Service Plan.

B. Review of ASA and Assigned Providers

Under the delegation of the Director of the Clackamas County Department of Health, Housing and Human Services, the EMS Coordinator shall be responsible for reviewing performance of a provider to the associated ASA and the number and geographic configurations of ASAs for the County. The following considerations will be included in the analysis:

Review and assignment of the number of ASAs in the County will include assessment of EMS volume data, including dispersal and response times, geographic size, traffic patterns, healthcare facility locations, EMS unit station locations, the capacity and performance record of current and potential providers, as well as anticipated changes in population density and distribution and other drivers of EMS service needs.

Designation of providers assigned to an ASA will be determined by the EMS Coordinator and will include the consideration of the previously demonstrated ability of providers to meet or exceed established performance and clinical standards as set in this Plan. As well as the potential of new providers and their capacity and performance history.

The EMS Coordinator shall review and consider advice and recommendations from the EMS Council on both ASA providers and the creation or reassignment of the number or size of ASAs in the County.

C. Reassignment

An emergency reassignment may be made at any time for a period of up to one year if the Board determines that the inability or failure of a provider to perform in the delivery of ambulance services constitutes an emergency related to public health and safety.

Should an Ambulance Provider notify the County that it is no longer willing or able to provide service to an ASA, or should the County take action to terminate the agreement for service or assignment to the ASA, the County shall then select a replacement provider by a competitive selection process recommended by the County Administrator and approved by the Board.

At the end of the term of an agreement for ambulance service, the Board may extend the agreement, renegotiate the agreement, or seek a service provider by a method recommended by the County Administrator.

D. Application for an ASA

The County will solicit applications for an ASA from Ambulance Providers if it determines that additional providers are needed. The format for such applications will be determined by the County Administrator.

E. Notification of Vacating an ASA

Assignees and Franchisees shall comply with the requirements of franchise or assignment agreements in serving notice of intent to vacate an ASA. Generally these agreements contain performance security measures that are adequate to assure uninterrupted service. Any provider that does not have an agreement that specifies procedures for vacating an ASA shall give adequate notice and fully cooperate with the County in the takeover of ASA responsibilities.

F. Maintenance of Level of Service

~~4.~~1. In the event that any provider vacates an ASA, the County will consider reassignment of the ASA as provided in subsection (B) above.

~~5.~~2. In all agreements related to ASA assignments and franchises, the County intends to require adequate performance security to assure adequate services levels are maintained.

~~6.~~3. Revocation: Upon recommendation by the Department, or upon its own motion, and after proper notice and opportunity to correct, the Board may modify, revoke, or refuse to renew a franchise, ambulance permit, or ASA assignment upon finding that the franchise holder or provider has:

a. Violated this Plan, a County ordinance, the terms of a permit, franchise, assignment, or the conditions thereunder, or other State laws or regulations herein applicable; or

b. Materially misrepresented facts or information given in the application for a franchise, or materially misrepresented facts and justification of rate adjustments; or

c. Failed to provide adequate service in an assigned service area; or

d. Misrepresented the gross receipts from the franchise service area or such

other reports required by the Board; or

e. Willfully charged rates in excess of those authorized by the Board; or

f. Generated an excessive number of investigated and confirmed complaints from police agencies, fire departments, health care facilities, the medical community, or the public concerning the provider's performance;

g. Failed conscientiously to comply with any and all requirements of this Plan; or

h. Failed to follow the requirements as listed in the permit, Request for Proposal or the franchise contract.

~~7.~~4. The Board shall notify the ambulance provider in writing of the alleged failure.

~~8.~~5. The County shall have the right to revoke a permit, ASA assignment or franchise if it finds that there has been a violation of the terms of the permit, assignment, or a major breach of the terms of the franchise. The County shall have the right to exercise immediate takeover of the franchise operations if it finds that there has been a major breach of the terms of the franchise, and, in the County's opinion, public health or safety are endangered thereby. Such action may be effective immediately at the direction of the County.

~~9.~~6. No franchise, permit, or ASA assignment shall be revoked without providing a right to a hearing in the matter. The Ambulance Provider shall have the right to appear and defend against the charges, and if desired, to be represented by counsel. In the event of an emergency or immediate situation, the hearing may be conducted after the takeover of the system.

~~10.~~7. The County will include, in its contract with the Ambulance Provider selected to serve the Clackamas ASA, notification and termination provisions to provide for performance security.

~~11.~~8. In areas of the County where geographic or other limitations might hinder the adequate provision of ambulance services, the County may enter intergovernmental agreements with counties, cities or fire districts in order to provide efficient and effective ambulance service by means of public or private Ambulance Providers.

~~12.~~9. The assignments of Section 10.01.070.A shall be exclusive; however, such exclusivity shall not apply to:

a. Vehicles owned by or operated under the control of the United States Government or the State of Oregon;

b. Vehicles being used to render temporary assistance in the case of a disaster, or an emergency with which ambulance services of surrounding localities are unable to cope, or when directed to be used to render temporary assistance through an alarm/dispatch center or a public official at the scene of an accident;

c. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway serving the property of grounds is involved;

d. Any person who owns or who drives or attends a patient transported in a vehicle under this subsection 10.01.070.E.9;

e. Ambulance companies that provide service only to fulfill mutual service agreements, or non-emergency transportation contracts with specific organizations (if the County does not incorporate non-emergency ambulance services into an exclusive franchise agreement), provided the ambulance company and the organization are on a current basis identified and on file with the Department;

f. Vehicles operated solely for the transportation of lumber industry employees;

g. Transport of persons who do not require pre-hospital or out of hospital emergency assessment or treatment (if the County does not incorporate non-emergency ambulance services into an exclusive franchise agreement);

h. Transport of persons through an ASA, or patient delivery from another ASA.

G. Changes by the Board

The Board reserves the right, after further addressing and considering the subjects or items required by law, to change ambulance provider selection procedure or standards, or service provisions, as described in Sections 10.01.070.A through 10.01.070.E, 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]

10.1.80 COUNTY ORDINANCES AND RULES

A. Clackamas County Code Chapter 10.01, Ambulance Service, is the codified form of the County's Ambulance Service Plan, and is adopted by County ordinance.

[Added by Ord. 04-2002, 3/14/02]

V. CLACKAMAS COUNTY RESPONSE TIME ZONES