

Program Description

The Emergency Medical Services (EMS) program is responsible to ensure the highest quality medical care is delivered to patients on emergency scenes by District responders, and now includes a second program, mobile integrated health.

Budget Summary

Expenditures	2014-15 Actual	2015-16 Actual	2016-17 Revised Budget	2017-18 Adopted Budget
Personnel Services	\$ 909,745	\$ 1,065,856	\$ 1,685,381	\$ 1,169,589
Materials & Services	287,726	314,097	292,120	381,623
Total Expenditure	\$ 1,197,472	\$ 1,379,953	\$ 1,977,501	\$ 1,551,212

Personnel Summary

Position	2014-15 Actual	2015-16 Actual	2016-17 Budget	2017-18 Budget
Division Chief	1.00	1.00	2.00	1.00
Medical Services Chief	0.00	0.00	1.00	1.00
Battalion Chief	1.00	0.00	0.00	0.00
EMS Officer	1.00	4.00	4.00	3.00
Mobile Integrated Health (MIH)	0.00	0.00	1.00	0.00
EMS Assistant	1.00	1.00	1.00	1.00
OHS Business Manager	1.00	0.00	0.00	0.00
Total Full-Time Equivalents (FTE)	5.00	6.00	9.00	6.00

2017-18 Significant Changes

Personnel costs reflect expected salaries and wages for current employees including 2017-18 PERS and medical rate increases and the reduction of two positions and a transfer of one Division Chief to Training, upon the closure of the MIH program.

Materials and Services expenses for 5320 EMS Supplies were budgeted in 10200 cost center in the prior year. For 2017-18, account 5320 provides funding for vacuum splint kits, a new lock box system, video laryngoscope blades, and EMS kit replacements. Account 5361, accounts for the service contracts for 59 cardiac monitors. Medical supervision is provided for in Account 5413 (\$147,999) and \$42,000 in other consultant services is budgeted for mobile healthcare and patient advocacy programs. In addition, the District must recertify its Paramedics every two years and accordingly, the certification fees in account 5502 were decreased as this is not a recertification year. Billing agent fees were reduced in account 5418 as the District brought transport billing in-house within the Finance Division.



Emergency Medical Services, continued

Status of 2016-17 Tactics

- Define key performance indicators (KPIs) for EMS services at the individual, unit, division, and system levels.

Goal/Strategy: Goal 2 – Strategy 2.5 – Tactic 2.5.2, 2.5.3
Timeframe: 12 months
Partner(s): Information Technology, Patient Records, Hospital QI, Regional STEMI
Budget Impact: None
Measured By: Completed KPIs that meet national standards, and generate meaningful outcome/feedback data to Operations and individual crews.
Status: → Ongoing
Status Report: Identified KPIs for rapid sequence intubation, ST elevation myocardial infarction (STEMI), and cardiac arrest. Additional KPIs will be identified in the next fiscal year.

- Develop and expand innovative healthcare partnerships that benefit District goals and Oregon's Triple Aim initiatives.

Goal/Strategy: Goal 3 – Strategy 3.6 – Tactic 3.6.1
Timeframe: 18 months
Partner(s): Integrated Operations, MIH, Finance, Fire Chief's Office, Coordinated Care Organizations (CCOs), Other healthcare systems
Budget Impact: Increase required
Measured By: Additional mobile integrated healthcare (MIH) contracts and community partners. Reduced patient hospital readmission rate. Increased revenue.
Status: → Ongoing
Status Report: Developed new contracts and expanded services. Goal will be moved to Mobile Integrated Health for fiscal year 2017-18.

- Create processes and policy to manage vulnerable populations and high 911 utilization groups.

Goal/Strategy: Goal 2; Goal 3 – Strategy 3.6 – Tactic 3.6.1
Timeframe: 12 months
Partner(s): Partner counties, neighboring response agencies, private ambulance, primary care providers, licensed clinical social workers, TC911
Budget Impact: Increase required
Measured By: Lowered number of 911 calls placed by frequent callers, lower number of emergency department visits. Completed written policy.
Status: → Ongoing
Status Report: Limited work toward this task to date. Partnered with MIH on preliminary flow chart and process drafts. Developed partnerships with TC911, Veteran Affairs, insurance providers, and social workers.

Status of 2016-17 Tactics, continued

- Enhance and diversify EMS and ambulance transport services, and provide for the requisite scope of practice, tools, training and system integration.

Goal/Strategy: Goal 3 – Strategy 3.6 – Tactic 3.6.2
Timeframe: 24 months
Partner(s): Operations, Fire Chief's Office, County EMS Offices, Private Ambulance
Budget Impact: Increase required
Measured By: Increased service types with requisite scope of practice, tools, and training in place. Improved relationships, service delivery, data sharing and billing processes.
Status: → Ongoing
Status Report: [Added equipment \(i.e., ventilators and IV pumps\). Video laryngoscope purchase delayed until fiscal year 2017-18. Updated protocols and added services \(i.e., event standby, inter-facility transport, increased 911 medic transports.\) Medics trained on ambulance and non-emergency transport, and billing procedures in May 2017.](#)

Additional 2016-17 Accomplishments

- Implemented transport services as the Newberg ASA franchisee
- Completely restructured the EMS Quality Improvement Committee
- Co-Managed Paramedic only recruitment with HR
- Implemented several new EMS protocol changes and new equipment



Emergency Medical Services, continued

Activities Summary

EMS Service Measures (Calendar year)	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Projected	2017-18 Estimated
Patient Care Reports Written	16,379	19,699	23,063	26,940	29,634
Number of EMS Responses	29,829	32,067	36,036	41,440	45,585
Cardiac Arrest Survival % V-Fib /					
Overall	36%/15.4%	29%/10.4%	33%/16%	38%/18%	39%/19%

EMS 2017-18 Tactics

- Define key performance indicators (KPI) for EMS services at the individual, unit, division, and system levels.

Goal/Strategy: Goal 2 – Strategy 2.5
 Timeframe: 12 months
 Partner(s): Information Technology, Patient Records, Hospital QI, Regional STEMI
 Budget Impact: None
 Measured By: Completed KPI that meet national standards, and generate meaningful outcome/feedback data to Operations and individual crews.

- Create processes and policy to manage vulnerable populations and high 911 utilization groups.

Goal/Strategy: Goal 2; Goal 3 – Strategy 3.6
 Timeframe: 12 months
 Partner(s): Partner counties, neighboring response agencies, private ambulance, primary care providers, licensed clinical social workers, TC911
 Budget Impact: Increase required
 Measured By: Revised internal EMS QI charter and peer review committee restructuring with focus on patient safety. Lowered number of 911 calls placed by frequent callers, lower number of ED visits. Completed written policy.

- Enhance and diversify EMS and ambulance transport services, and provide for the requisite scope of practice, tools, training and system integration.

Goal/Strategy: Goal 3 – Strategy 3.6
 Timeframe: 24 months
 Partner(s): Operations, Fire Chief's Office, County EMS Offices, Private Ambulance
 Budget Impact: Increase required
 Measured By: Increased service types with requisite scope of practice, tools, and training in place. Improved relationships, service delivery, data sharing and billing processes.

EMS 2017-18 Tactics, continued

- Develop and expand innovative healthcare partnerships that benefit District goals and Oregon's Triple Aim initiatives. Secure MIH service contracts that help manage high acuity patients, prevent 911 calls and generate revenue.

Goal/Strategy: Goal 2, Goal 3- Strategy 3.6.1, 3.9
Timeframe: 18 months
Partner(s): Integrated Operations, Finance, Fire Chief's Office, CCOs, Healthcare systems.
Budget Impact: Increase required
A new program.
Revenue generated to offset costs.
Prevention of 911 calls lower operational costs.
Measured By:

- Amount of revenue generated.
- Decrease in hospital and emergency department admissions.
- Reduction of 911 calls.
- Patient satisfaction surveys.
- Cost avoidance.



Emergency Medical Services, continued

		2014-15 Actual	2015-16 Actual	2016-17 Revised Budget	2017-18 Proposed Budget	2017-18 Approved Budget	2017-18 Adopted Budget
10520 General Fund							
5001	Salaries & Wages Union	\$ 233,720	\$ 386,786	\$ 450,716	\$ 488,651	\$ 488,651	\$ 299,130
5002	Salaries & Wages Nonunion	197,647	191,717	438,615	478,730	478,730	328,958
5003	Vacation Taken Union	30,329	47,865	37,659	31,294	31,294	19,392
5004	Vacation Taken Nonunion	13,965	11,108	29,358	30,742	30,742	22,376
5005	Sick Leave Taken Union	(3,555)	4,001	14,059	8,313	8,313	5,151
5006	Sick Taken Nonunion	1,593	5,273	7,800	8,167	8,167	5,945
5007	Personal Leave Taken Union	4,464	4,430	3,527	4,401	4,401	2,727
5008	Personal Leave Taken Nonunion	3,657	3,558	4,129	4,324	4,324	3,147
5009	Comp Taken Union		2,123				
5010	Comp Taken Nonunion	726	791				
5015	Vacation Sold	10,338	6,729	11,026	11,787	11,787	13,446
5016	Vacation Sold at Retirement			40,000			
5017	PEHP Vac Sold at Retirement		5,060	41,294	11,653	11,653	8,740
5020	Deferred Comp Match Union	12,056	21,622	25,178	26,633	26,633	16,320
5021	Deferred Comp Match Nonunion	16,316	16,965	37,211	45,580	45,580	31,507
5120	Overtime Union	106,378	2,981	4,000	10,304	10,304	9,504
5121	Overtime Nonunion	600		1,500	1,488	1,488	1,488
5201	PERS Taxes	123,922	132,986	220,359	274,000	274,000	169,514
5203	FICA/MEDI	40,650	47,380	81,581	84,005	84,005	55,239
5206	Worker's Comp	16,375	19,350	19,582	23,435	23,435	15,042
5207	TriMet/Wilsonville Tax	4,243	4,791	9,243	8,819	8,819	5,808
5208	OR Worker's Benefit Fund Tax	178	182	305	270	270	180
5210	Medical Ins Union	40,856	79,931	94,568	108,765	108,765	65,259
5211	Medical Ins Nonunion	35,502	39,107	85,875	93,033	93,033	69,775
5220	Post Retire Ins Union	1,400	2,500	2,400	3,000	3,000	1,800
5221	Post Retire Ins Nonunion	1,800	1,800	3,600	3,600	3,600	2,700
5230	Dental Ins Nonunion	4,200	3,929	4,588	8,240	8,240	6,180
5240	Life/Disability Insurance	1,793	1,761	2,923	6,163	6,163	4,186
5270	Uniform Allowance	2,194	1,513	2,450	2,400	2,400	1,500
5290	Employee Tuition Reimburse	2,637	13,855	6,075	3,375	3,375	3,375
5295	Vehicle/Cell Allowance	5,760	5,760	5,760	6,960	6,960	1,200
Total Personnel Services		\$ 909,745	\$ 1,065,856	\$ 1,685,381	\$ 1,788,132	\$ 1,788,132	\$ 1,169,589
5300	Office Supplies	151	199	700	800	800	600
5301	Special Department Supplies	532	22	60			
5302	Training Supplies	72	36	1,000	1,000	1,000	800
5320	EMS Supplies	57,411	113,867	1,000	99,537	99,537	96,287
5321	Fire Fighting Supplies	60	18	300	1,125	1,125	1,125
5325	Protective Clothing	350	1,466	1,250	1,750	1,750	1,250
5330	Noncapital Furniture & Equip			2,190	2,300		
5350	Apparatus Fuel/Lubricants	2,465	1,579	7,500	6,600	6,600	3,600
5366	M&R EMS Equip	13,132	35,452		42,816	42,816	42,816
5367	M&R Office Equip		1,870				

Emergency Medical Services, continued

		2014-15 Actual	2015-16 Actual	2016-17 Revised Budget	2017-18 Proposed Budget	2017-18 Approved Budget	2017-18 Adopted Budget
5400	Insurance Premium			1,000	1,000	1,000	500
5413	Consultant Fees	93,969	82,209	155,600	189,999	189,999	171,999
5414	Other Professional Services	8,325	7,833	24,530	24,530	24,530	24,530
5415	Printing	38	76		130	130	
5418	Trustee/Administrative Fees	41,125	54,670				
5461	External Training	7,117	2,276	7,030	10,920	10,920	7,670
5462	Travel and Per Diem	7,258	2,658	15,636	21,297	21,297	15,072
5471	Citizen Awards	60	182				
5472	Employee Recog & Awards	2,609		1,900	1,900	1,900	1,900
5484	Postage UPS & Shipping	20	47		150	150	
5500	Dues & Subscriptions	1,623	1,321	7,590	6,524	6,524	5,724
5502	Certifications & Licensing	49,023	7,130	64,024	7,050	7,050	7,050
5570	Misc Business Exp	362	426	300	600	600	300
5571	Planning Retreat Expense	155	438	400	600	600	400
Total Materials & Services		287,726	314,097	292,120	418,328	418,328	381,623
Total General Fund		\$ 1,197,472	\$ 1,379,953	\$ 1,977,501	\$ 2,206,460	\$ 2,206,460	\$ 1,551,212

