

# Council Business Meeting

June 16, 2020

<b>Agenda Item</b>	Ambulance Service Area (ASA) #3 Contract Extension	
<b>From</b>	David Shepherd	Fire Chief
<b>Contact</b>	<a href="mailto:david.shepherd@ashland.or.us">david.shepherd@ashland.or.us</a> ; (541) 552-2219	

## **SUMMARY**

During a presentation and discussion regarding the transporting ambulance service provided by Ashland Fire & Rescue (AF&R), Council asked that an agenda item be placed on the June 16, 2020 Business Meeting to discuss the merits of looking at a three-year extension of the Ambulance Service Area (ASA) contract.

## **POLICIES, PLANS & GOALS SUPPORTED**

Section 2:

E. During the 2019-2021 Biennium analyze various departments/programs with the goal of gaining efficiencies, reducing costs, and improving City services.

## **PREVIOUS COUNCIL ACTION**

None

## **BACKGROUND AND ADDITIONAL INFORMATION**

Recommendation #2, made by the Cost Review Ad Hoc Committee states:

*Review the ambulance service and study it as a unit of the Fire Department and provide future direction by June 30, 2020 to the letter of intent deadline for the five-year Ambulance Service Area contract.*

Guidance from Council at both the May 5, 2020 and May 19, 2020 Business Meetings directed staff to dedicate Study Session time to discuss recommendation above. An initial presentation was given by staff during the June 1, 2020 Study Session. Part of this presentation covered the regulatory deadlines associated with the ASA renewal process. One of the options available to AF&R is to apply for a one-time three-year extension. It was explained that this was a less cumbersome process than the typical five-year renewal application and would give Council and the community additional time to study the ambulance service as part of Fire Department operations.

## **FISCAL IMPACTS**

Discussions on the future of the ambulance service are related to the cost of the service, the benefit the service delivers and the level of service overall to both residents within Ashland and those outside of Ashland within the ASA #3 service territory. If the Jackson County Board of Commissioners approved the proposed three-year extension on the ASA, adequate funds for Fire Department operations and the associated ambulance service will be required to be budgeted and appropriated to continue to provide appropriate service levels.

## **STAFF RECOMMENDATION**

While the decision of the long term operation of transport services by Ashland Fire and Rescue in ASA #3 is a policy decision of Council, Staff is supportive of the proposed extension as it provides additional time to address financial issues raised by both the Cost Review Ad-Hoc Committee and Council. Additionally, the additional time provides opportunities for other impacted parties to a potential change in ambulance service, namely the residents and the surrounding Jackson County residents within ASA #3, to better understand the process, the implications of the long term decision of Council and how ambulance response and transport service will be provided within the entire ASA #3 service territory.

Finally, the extension allows the Fire Chief and City Administrator the opportunity to explore potential alternative staffing and administrative collaborations with neighboring fire services consistent with the more general recommendations of the Cost Review Ad-Hoc committee regarding service delivery efficiencies (Recommendation #5) and the staffing model proposal of paramedic/EMT rather than the current EMT/EMT model (Recommendation #4).

### **ACTIONS, OPTIONS & POTENTIAL MOTIONS**

I move to request the Fire Department to submit a one-time, three-year renewal application to the Jackson County Board of Commissioners prior to June 30, 2020.

I move to request the Fire Department continue with the full five-year ASA renewal process.

### **REFERENCES & ATTACHMENTS**

Attachment 1 – Excerpt from ASA Ordinance

Attachment 2 – Three-year application, not filled

[June 1, 2020 Study Session Packet Materials](#)

Ashland Fire and Rescue [FAQ's from Cost Review Ad-Hoc Committee](#)

Mercy Flights [FAQ from Cost Review Ad-Hoc Committee](#)

## The following excerpt comes from the Jackson County Ambulance Service Area Plan:

D. The assignment of ambulance service areas or an amended ASA shall be valid for five years from the date of issuance. This assignment may be extended up to a single three-year period at the discretion of the Board of Commissioners if the provider exceeds standards outlined in this plan. If a three-year extension is sought, the provider must make a written request for said extension no later than the 1st day of July prior to the termination of the original assignment. A full application shall not be required if the provider exceeds the standards outlined in this plan. Information documenting such excess of standards shall be submitted on forms provided by the Health and Human Services Director. If the assignment is not extended for the additional three-year period or at the conclusion of that additional period, the assignment of ambulance service areas may be renewed for additional five-year terms commencing on the 1st day of January pursuant to the ASA plan. If the county receives an application from another provider requesting to serve the ambulance service area no less than 60 days prior to expiration of the ASA, then the study and recommendation process will be followed as set forth in Section 7.5(D). If the application for assignment is uncontested, the procedure set out in Section 7.5(C) shall be followed.

**JACKSON COUNTY  
AMBULANCE SERVICE PROPOSAL**

**Three-year Ambulance Service Area Assignment Extension**

It is the intent of this procurement to preserve or improve upon the current pre-hospital Emergency Medical Service system in every category of service and to meet, or where possible, to improve the quality of service. Thus in each service category listed below the proposer shall describe their capabilities and agree to meet or exceed County's minimum service requirements in the Ambulance Service Area Plan (Chapter 1075 of the Jackson County Ordinance). Failure to accept County's minimum service requirements in any service category shall be grounds for automatic disqualification.

Additional information which does not fit logically into one of these labeled sections can be appended to the proposal. Items such as charts, policies, and plans are encouraged to be placed in the Appendix. All proposals shall include page numbers and have major sections tabbed.

**The information shall be structured to incorporate the following:**

**Cover Letter**

A cover letter signed by an authorized representative of the firm or entity which specifically affirms the proposers full understanding and accepts the involved terms set forth in the County ASA Plan. The letter must certify the completeness and accuracy of all information supplied in the proposal. The letter must state that the proposal is a firm and binding offer to continue to perform services stated.

The following information shall be supplied:

- Name and address of organization.
- Name and address of organization's liaison for the proposal. All questions and correspondence will be directed to this person.
- Type of ownership or legal entity and list of names and addresses and share of ownership of all owners, shareholders and corporate linkages of the organization or entity. An organizational chart listing all entities and owners must be provided. If the organization is run by a board of directors, the board of directors shall be listed.

The applicant shall supply the following information demonstrating the agency meets and/or exceeds ASA Plan standards:

**Clinical Sophistication**

1. Level of care provided in the ASA. Note any proposed changes.
2. List of all personnel (example below)

<b>Category</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
Management EMT-Paramedic EMT-Intermediate EMT-Basic First Responder EMS Training Officer All Others			

3. Demonstrate that all personnel are trained and conversant with state requirements and current Standing Orders.

**Vehicles**

1. Information regarding all vehicles (example below). Include current copies of all vehicle licenses.

<b>Vehicle</b>	<b>Mileage</b>	<b>Type</b>	<b>Level (ALS/BLS)</b>

2. Include maintenance reports on each vehicle for this calendar year and vehicle replacement schedule(s).

**Equipment List**

1. Demonstrate equipment on each ambulance meets or exceeds minimum state and Standing Orders standards. Note any exceptions.
2. Include copies of any inspection by the Oregon Public Health Division over the last three years.
3. Include quality assurance protocols demonstrating ongoing assessment and resupplying is conducted to assure all equipment/supplies are available.

**Response Time Standards**

1. Demonstrate meeting the minimum response time standards in each zone for the last 12 months.
2. Provide a list of ambulance locations and staging locations.
3. Demonstrate staffing per shift both in-house and on-call that assures adequate availability.
4. Using the format below document the number of ambulance unit responses/transport conducted you your organization in the past twelve (12) months (or through September 30, 2010).

<b>Category</b>	<b>Number</b>
Code 3 Responses	
Code 3 Transports	
Code 1 Responses	
Code 1 Transports	
Other Transports	
Backup/Mutual Aid	
Scheduled Transports	

**Business Practices**

1. Include a copy of this year's budget. This should include subscription information, write-offs, and amount of subsidies. Include an estimate of the impacts of any reimbursement reductions (Medicare, etc.).
2. Include a copy of the most recent financial audit.
3. Description of billing practices including third party, private parties, overdue, and write-offs.
4. Wage and benefit program for employees.
5. Proof of insurance coverage at or above state requirements.
6. Include copies of all contracts.
7. Include a rate schedule.
8. Submit any proposed rate increases separately with cost documentation.

**Medical Dispatch**

1. Describe your medical dispatch process and any contractual arrangements. Demonstrate compliance with ASA medical dispatch criteria.
2. Describe your communication equipment, including any redundancy and back-up systems.
3. Method of monitoring and reporting of dispatch and response times and exceptions.

**Continuing Education**

1. Demonstrate that staff meet or exceed continuing education requirements.
2. Demonstrate all appropriate staff meet or exceed required driver training standards for operation of emergency vehicles.

**Mutual Aid**

1. Include all mutual aid agreements. Assure effective agreements with neighboring ASAs.

**Public Service**

1. Describe services/programs that provide community service.

**Quality Assurance**

1. Describe procedure to provide the Quality Assurance Committee the necessary data for case reviews, screens, investigations, and complaints.

**ASA Boundaries**

1. Submit any proposed ASA boundary changes and justification.

**Subscription Services**

1. Describe any membership/subscription program qualifications, limitations, and reciprocity programs.

**System Coordination Participation**

1. Note participation in and commitment to EMS/QA/MCI committees and in system-wide emergencies.

**Safety Net**

1. Process to assure against interruption of service should any of the following occur:
  - a. Decreased personnel levels
  - b. Financial failure
  - c. Revocation of ASA due to noncompliance

**Other**

1. Note any proposed changes expected over the next three years if not otherwise noted above.

Please provide any additional information that may aid the county in assessing this application.