

**Baker County
Ambulance Service Plan**

BAKER AMBULANCE SERVICE AREA PLAN

TABLE OF CONTENTS

CERTIFICATION OF GOVERNING BODY..... 1

OVERVIEW OF BAKER COUNTY..... 2

DEFINITIONS..... 3-5

ASA BOUNDARY DESCRIPTIONS..... 6-7

ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES..... 8

NOTIFICATION/RESPONSE TIMES FOR PROVIDERS..... 8

RESPONSE TIME MONITORING PROCESS..... 9

TRAUMA SYSTEM MINIMUM STANDARDS..... 10

QUALITY ASSURANCE STRUCTURE..... 11

 EMERGENCY COMMUNICATIONS..... 11

 RADIO SYSTEM..... 11

 MEDICAL SUPERVISION..... 12

 PATIENT CARE EQUIPMENT..... 12

 TRAINING..... 12

 ORGANIZATION..... 13

 QUALITY ASSURANCE COMMITTEE MEMBERS..... 13

 QA COMMITTEE GOALS AND FUNCTIONS..... 14

 QA COMMITTEE RESPONSIBILITIES..... 15

 QA PROCESS..... 16

 PROBLEM RESOLUTION..... 16

 EMS INFORMATION GROUPS..... 16

 CORRECTIVE SYSTEM AND SANCTIONS..... 17

 PLAN ADMINISTRATION AND REVISION PROCESS..... 18

 COMPLAINT REVIEW PROCESS..... 19

PROVIDER PROFILES..... 20-22
VEHICLE EQUIPMENT STANDARDS..... 23
EMT TRAINING..... 24
MUTUAL AID AGREEMENT OVERVIEW..... 25
MUTUAL AID AGREEMENT RECITALS..... 26-29
DISASTER RESPONSE PLAN..... 30
RADIO SYSTEM..... 31
HOSPITAL COMMUNICATION SYSTEM..... 31
DISPATCHER TRAINING..... 32
ASA PROVIDER SELECTION PROCESS..... 33-34
DISCLAIMER..... 35

APPENDIX

MEMORANDUM OF UNDERSTANDING-BETWEEN BAKER AND MALHEUR CO.

MAPS

EQUIPMENT ROSTERS FOR ASA PROVIDERS

PERSONNEL ROSTERS FOR ASA PROVIDERS

CERTIFICATION OF BAKER COUNTY AMBULANCE SERVICE AREA PLAN

The undersigned certify pursuant to Administrative Rule 333-28-110 (2) (a) (b) (c) that:

1) Each subject or item contained in the Baker County Ambulance Service Plan has been addressed and considered in adoption of the plan by this body.

2) In this governing body's judgement, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.

3) To the extent they are applicable, the county has complied with ORS 823.180 (2) (3) and 823.310 and existing local ordinances and rules.

Dated at Baker City, Oregon this _____ day of _____ April 1991.

Judge Steve Bogart

Commissioner Gerald Conrad

Commissioner Truscott Irby

OVERVIEW OF BAKER COUNTY

Baker County has an area of 3,089 square miles covering rugged terrain including Hells Canyon, the Wallowa, Elkhorn, Greenhorn and other mountain ranges. Much of the county is ^{52%} unpopulated and owned by the federal government. Established on September 22, 1862 Baker County has grown to a population of just over 15,000 people enjoying a climate with annual precipitation of 10.63 inches and a growing season nearly 160 days long.

Population centers include the county seat of Baker City, Sumpter, Halfway, Haines, Huntington, Durkee, Richland and Oxbow. Farming and ranching are centered in the lush valleys throughout the county, raising cattle, alfalfa hay, wheat and other cereal grains, along with dairy farms and other crops.

Industrial development is centered primarily in the Baker City area which is dominated by lumber mills, small manufacturing businesses and service industries. Timber is harvested from federal, state and private forestlands throughout the county and provides a seasonal employment base in most areas of the county.

Tourism is growing throughout the region and Baker County will play an integral part of future tourism development with the opening of the Oregon Trail Interpretive Center just outside of Baker City, near Interstate 84. Summer visitor traffic should increase dramatically, especially in conjunction with the celebration of the Oregon Trail in 1993.

The recreational opportunities currently offered in Baker County include hunting, fishing, skiing, and gold mining to name just a few. Major population increases from tourists are in the Summer and Fall. The major tourist traffic is centered along the interstate and secondary highways, but hunting, fishing and prospecting take visitors and residents alike into the rugged backcountry extending from Hells Canyon on the east to the Elkhorn range of the Blue Mountains to the west.

The topography of Baker County is largely high desert with irrigation throughout the valleys. The geography is varied and dominated by river drainages dissecting the county into deep canyons (Hells Canyon is the deepest in North America) and ridges creating watershed divides.

Baker County's transportation system is dominated by a large network of county roads, both paved and unpaved. Most farm roads in rural areas follow section lines while backcountry roads in the rangelands follow drainage patterns.

DEFINITIONS

"Advanced Life Support Units" means those units staffed by an Oregon-certified Emergency Medical Technician 3 or 4 as defined in ORS 823.020(8)(9).

"Ambulance" has the meaning given that term by ORS 823.020.

"Ambulance services" has the meaning given that term by ORS 823.305.

"Ambulance Service Area", or ASA, means a geographic area which is served by one ambulance service provider, and may include all or a portion of a county, or all or portions of two or more contiguous counties.

"Ambulance Service Area Plan", or ASA Plan, means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and the coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules.

"Basic Life Support (BLS) Units" means those units staffed by an Oregon-certified Emergency Medical Technician 1 or 2, as defined in ORS 823.020(6)(7).

"Communications System" means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed.

"Division" means Oregon Health Division, Department of Human Resources.

"Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.

"Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

"Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger

personal health or safety.

"Emergency medical services (EMS)" means those prehospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.

"Emergency Medical Technician 1 (EMT 1)" means a person certified by the Division as defined in ORS 823.020(6)(a)(b).

"Emergency Medical Technician 2 (EMT 2)" means a person certified by the Division as defined in ORS 823.020(7)(a)(b)(c).

"Emergency Medical Technician 3 (EMT 3)" means a person certified by the Division as defined in ORS 823.020(8)(a)(b).

"Emergency Medical Technician 4 (EMT 4)" means a person certified by the Division as defined in ORS 823.020(9)(a)(b).

"First Responder" means an individual who has successfully completed a 40-hour First Responder course and has passed a written examination administered by the Oregon State Health Division.

"Frontier" means the areas of the state that are not urban, suburban, or rural.

"Health Officer" means the County Health Officer.

"License" means the document issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 823.010 through 823.990 and OAR 333-28-000 through 333-28-130.

"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 personnel.

"Patient" means an ill, injured, or disabled person who may be transported in an ambulance.

"Provider" means any public, private or volunteer entity providing EMS.

"Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.

"Public Safety Answering Point* (PSAP)" has the meaning given by ORS 401.710(11).

"Quick Response Unit* (QRU)" means those units that have been

organized and sanctioned by the ASA Advisory Board for the purpose of reducing response time. These units are nontransporting, and provide patient care up to and including the scope of practice of their highest certified EMT.

"Response time" means the length of time between the notification of each provider and the arrival of each provider's emergency medical unit(s) at the incident scene.

"Rural" means an incorporated community of 2000-10,000 population which is not urban or suburban, and the area within a radius of 30 miles of that community's center.

"Suburban" means an area contiguous to an urban community which is not urban and which is contiguous to an urban community. It includes areas within a 10 mile radius of that community's center. It also includes areas beyond the 10 mile radius which have a population density of 1000 or more per square mile.

"Supervising Physician", or Physician Advisor, has the meaning provided in ORS 823.204.

"Urban" means an incorporated community of 10,000 or more population.

ASA MAPS AND BOUNDARIES

ASA MAPS WITH RESPONSE TIMES-Response time zone maps have been given to providers for development. Within Baker County only the Baker ASA contains an urban and suburban zone. }
(See attachments)

ASA NARRATIVE DESCRIPTION

Baker ASA

Beginning on Interstate 84 at milepost 330 near Nelson Point, by the Ash Grove Cement Plant the boundary between the Huntington ASA and Baker ASA runs west and is defined by the Burnt River Canyon. Those calls to the north of the canyon are within the Baker ASA. At the intersection of the Burnt River Canyon Road and Clark's Creek Road the boundary turns south and is defined by this road to Mormon Basin and the boundary between Baker and Malheur Counties. The county line running west toward Unity then forms the boundary between the Baker ASA and Vale ASA intersecting with U.S. highway 26 and proceeding northwesterly to Austin Summit. The county line between Grant and Baker counties forms the western boundary of the Baker ASA north to Anthony Lakes Ski Area and follows the forest service road down to the bottom of the access road. The North Powder River Road into the town of North Powder forms the boundary between the La Grande ASA to interstate 84 and then proceeds north to the Clover Creek intersection and then back to the Powder River as it drains into Thief Valley Reservoir. The area between Medical Springs and Eagle Creek defined along Forest Service road 67 is within the Baker ASA to the south as well as the area between Boulder Park and the mouth of East Eagle Creek. The east fork of Eagle Creek road south to the intersection with highway 86 forms the boundary between the Richland ASA and Baker ASA to a point near the Keystone Mine where the boundary turns south and follows the drainage of Upper Timber Canyon south to the headwaters of Williams Creek as it drains into Manning Creek. The Manning Creek road west to Interstate 84 closes the Baker ASA boundary with Huntington ASA near Nelson Point.

MAPS DEPICTING 911, FIRE DISTRICTS AND INCORPORATED CITIES

Information is available from the Baker County Clerk and is submitted as attachments.

ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES

General:

A tiered response system network is utilized within Baker County to provide the very best available patient care and to maximize resources available through ambulance providers. The levels, or tiers, in the system are:

- 1) Quick Response Units staffed with either first responders or EMT 1's
- 2) BLS ambulance response units
- 3) ALS ground ambulance or Lifeflight helicopter response units.

Quick response units where available, and basic life support units are dispatched simultaneously to 911 calls and the decision to request ALS ground or Lifeflight helicopter assistance is addressed in system protocols.

NOTIFICATION/RESPONSE TIMES FOR PROVIDERS

Standards established by OAR 333-200-010 through 333-200-080 known as Trauma System Response Time Standards, have been adopted for use in this plan, except as noted. The Rule states that patients will receive prehospital care within the following parameters approximately 90 percent of the time. Urban-8 minutes, Suburban-15 minutes, Rural-45 minutes and Frontier-4.5 hours. It should be noted here that circumstances due to inclement weather conditions, e.g. snow, fog, icy roads and floods seriously impact these goals during certain parts of the year.

Notification and response times are monitored by the ASA Quality Assurance Committee as outlined elsewhere in this plan. The QA committee shall review these times and other system elements in accordance with administrative rules provided for by the Baker County Court.

The system elements are defined in detail on the next page.

RESPONSE TIME MONITORING PROCESS

INFORMATION LEVELS

The following shall be used as examples of sources of information to be used in the Ambulance Service Plan quality assurance monitoring process.

SOURCES:

- 911 DISPATCH
- PREHOSPITAL CARE SETTINGS
- EMERGENCY ROOM/ST. ELIZABETH'S HOSPITAL
- OTHER EMERGENCY MEDICAL SERVICES PROVIDERS
- BAKER COUNTY EMERGENCY MEDICAL SYSTEM ADMINISTRATION
- PUBLIC INPUT PROCESS

TYPE OF INFORMATION:

- PATIENT CARE REPORTS
- EMS DISPATCH REPORTS
- RECEIVING HOSPITAL'S REPORTS
- RADIO TRANSMISSION TAPES
- TRAUMA REGISTRY FORMS
- PUBLIC COMPLAINTS

SCREENS FOR NOTIFICATION/RESPONSE TIMES:

- SYSTEM DESIGNATED BY EMERGENCY DISPATCH NUMBERS
- DETERMINE CORRECT RESPONSE LEVEL PROVIDED
- EVALUATE APPROPRIATE RESPONSE TIME
- DETERMINE THAT MEDICAL PROBLEM(S) IDENTIFIED PROPERLY BY DISPATCH

TRAUMA SYSTEM MINIMUM STANDARDS

DEFINITIONS PER OAR 333-200-020

URBAN: MEANS AN INCORPORATED COMMUNITY OF 10,000 OR MORE PERSONS.

SUBURBAN: MEANS AN AREA WHICH IS NOT URBAN AND WHICH IS CONTIGUOUS TO AN URBAN COMMUNITY. IT INCLUDES AREAS WITHIN A 10 MILE RADIUS OF THAT COMMUNITY'S CENTER. IT ALSO INCLUDES AREAS BEYOND THE 10 MILE RADIUS WHICH HAVE A POPULATION DENSITY OF 1,000 OR MORE PERSONS PER SQUARE MILE.

RURAL: MEANS AN INCORPORATED COMMUNITY OF 2,000-10,000 POPULATION WHICH IS NOT URBAN OR SUBURBAN, AND THE AREA WITHIN A RADIUS OF 30 MILES OF THAT COMMUNITY'S CENTER.

FRONTIER: MEANS THE AREAS OF THE STATE THAT ARE NOT URBAN, SUBURBAN OR RURAL.

TRAUMA SYSTEM PATIENTS WILL RECEIVE PREHOSPITAL CARE WITHIN THE FOLLOWING PARAMETERS APPROXIMATELY 90% OF THE TIME.

URBAN-8 MINUTES

SUBURBAN-15 MINUTES

RURAL-45 MINUTES

FRONTIER-4 1/2 HOURS

Quality Assurance Structure

The Ambulance Service Area Advisory Committee shall make appointments for a term of three years, with the initial appointments divided into thirds to stagger terms. Reappointment will be at the discretion of the committee and vacancies filled by nomination from the committee as a whole or a subcommittee to develop a roster of qualified nominees.

The QA coordinator or designee shall act as executive secretary to the committee and provide liaison between the committee and the county. Accurate records of the activities and deliberations, recommendations and reports.

Interested parties may be invited to participate at any given time if their input is deemed to be of special value to the proceedings of the committee.

EMERGENCY COMMUNICATIONS SYSTEMS

Baker County is currently served by a 911 dispatch system operated by the Baker County Sheriff's Department located in Baker City. The Public Service Answering Points within Baker County serve all telephone prefixes in the county except as noted elsewhere. Dispatch procedures are included in the 911 system protocols.

Radio System

All ambulances and first response units licensed by the Oregon State Health Division and operating in Baker County shall be equipped as follows:

1) Mobile radio units shall be rated at no less than 45 watts and have the capability of communicating with the Baker County Sheriff and Oregon State EMS.

2) Portable units, i.e. hand held units, shall be rated at no less than 5 watts and have the capability of communicating with:

PSAP and Oregon State EMS

3) Pagers shall be equipped with the frequency of the units' PSAP.

Medical Supervision

A Physician Advisor will oversee all the providers standing orders, both BLS and ALS, which will be standardized as much as possible throughout all of Baker County.

On line medical supervision is provided by the Emergency Department physician at St. Elizabeth Hospital in Baker City via radio contact, or by telephone if needed. All units will transport to Baker City unless conditions dictate otherwise.

Retrospective supervision is provided by the QA mechanism, and by post-run critiques. The physician advisor also makes periodic visits to each unit to work on specific issues, problems, protocols and to review selected cases. Updates on new treatment techniques that affect emergency medical services will be given.

Patient Care Equipment

All ambulances providing patient care in Baker County and licensed by the Oregon State Health Division are equipped at the minimum, in accordance with the standards detailed in OAR-333-28-050 (1) (2).

All ambulances and quick response units are required to be equipped and supplied to enable the delivery of patient care up to and including the highest level of certification of any staff. If the ambulance or QRU is for any reason not able to equip and supply their unit for such a standard, they are required to submit a letter of restriction to the ASA advisory board, to be kept on file, stating their intent to limit their scope of practice to that which can be provided for in terms of equipment and supplies.

The practice of staffing a unit on a part time basis with EMT's certified to a higher level of care than is possible at other times does not construe a requirement that the unit provide the same level of care on a regular basis. Please see attached lists of equipment as submitted.

TRAINING

Initial EMT instruction is provided by local instructors who are certified by a community college and use a curriculum that has been approved by the State Health Division.

Continuing education for personnel is maintained through in-house training programs and seminars plus educational classes that are sponsored by local operators. All providers in the county maintain continuing medical education and recertification standards as identified by the Oregon State Health Division and/or the Board of Medical Examiners.

BAKER COUNTY AMBULANCE SERVICE PLAN
ORGANIZATION

GOVERNING BODY: BAKER COUNTY COURT

COUNTY JUDGE STEVE BOGART

COMMISSIONER TRUSCOTT IRBY

COMMISSIONER GERALD CONRAD

ASA PLANNING REPRESENTATIVE

DOROTHY GALVIN, SECRETARY/ADMINISTRATOR

ASA PLAN QUALITY ASSURANCE COMMITTEE REPRESENTATIVES

EMERGENCY MEDICAL TECHNICIAN/BLS

FIRST RESPONSE REPRESENTATIVE

HOSPITAL EMERGENCY ROOM REPRESENTATIVE

PHYSICIAN SPECIALIST

SUPERVISING PHYSICIAN

COMMUNICATIONS CENTER REPRESENTATIVE

COUNTY ROADMASTER " "

BAKER COUNTY SHERIFF'S REPRESENTATIVE

REPRESENTATIVE OF EACH SERVICE PROVIDER

OTHER?

GOALS AND FUNCTION OF THE
BAKER COUNTY ASA QUALITY ASSURANCE COMMITTEE

GOALS:

- 1) ASSURE PROMPT ACCESS TO EMERGENCY MEDICAL SERVICES
- 2) ASSURE PROMPT APPROPRIATE LEVEL OF CARE TO PERSONS IN NEED OF EMERGENCY MEDICAL CARE
- 3) ASSURE APPROPRIATE EMERGENCY MEDICAL CARE IS GIVEN TO THE PATIENT
- 4) ASSURE THE TRANSPORT OF THE PATIENT TO APPROPRIATE HOSPITAL

FUNCTION:

- 1) PROBLEM RESOLUTION-SOURCES USED TO IDENTIFY PROBLEMS
 - PUBLIC COMPLAINT
 - DISPATCH REPORT FORMS
 - TAPE FROM COMMUNICATIONS CENTER
 - PREHOSPITAL CARE REPORT FORMS
 - EMERGENCY ROOM CHARTS OR RECORDS
 - HOSPITAL QUALITY ASSURANCE COMMITTEE
 - ATAB QUALITY ASSURANCE COMMITTEE
 - OTHER EMS PROVIDERS
 - PROFESSIONAL ORGANIZATIONS/INDIVIDUALS

- 2) PROCEDURE TO PROVIDE CORRECTIVE ACTION
 - Problems or potential problems identified are submitted to the quality assurance committee.
 - The committee will review all pertinent information.
 - The committee will make recommendations which will serve to meet stated goals.

BAKER COUNTY ASA COMMITTEE

RESPONSIBILITIES

- 1) ANNUAL REVIEW OF CREDENTIALS FOR EACH EMS PROVIDER
- 2) DEVELOPMENT OF GENERIC SCREENS TO EVALUATE AMBULANCE RUNS, FOR EXAMPLE HEAD TRAUMA CARE, CARDIAC CARE, ETC.
- 3) IDENTIFICATION OF SPECIAL NEEDS OF CONCERNS AND DEVELOPMENT OF SPECIFIC SCREENS TO EVALUATE THESE AREAS.
- 4) MECHANISMS TO SOLVE IDENTIFIED PROBLEMS
- 5) INVESTIGATE COMPLAINTS AND OTHER BUSINESS MATTERS
- 6) INTERFACE WITH LOCAL HEALTH CARE PROVIDERS
- 7) LIASON WITH REGIONAL (ATAB) AND STATE BODIES
- 8) PROVIDE REGULAR (SEMI-ANNUAL) REPORTS OF ACTIONS TAKEN.
- 9) ASSIGN RESPONSIBILITY FOR OVERSIGHT/CORRECTION OF PROBLEMS IDENTIFIED
- 10) ESTABLISH MECHANISM FOR PERIODIC UPDATE OF ASA PLAN

Each provider will apply the developed screening mechanism to their charts and bring those which fail to meet screens to the meeting.

Additionally, the committee will, through the supervising physician for each service provider or some other mechanism, randomly review charts for each service provider and determine level(s) of compliance independently.

Retrospective supervision is expected to be provided by the Quality Assurance mechanism. Occasional post-run critiques as described above will be developed by the committee.

The Physican Supervisor will make periodic visits to each unit to work with specific problems identified by the review process. He/She will also provide updates on new treatment techniques that affect EMS, etc.

QUALITY ASSURANCE PROCESS

PROBLEM RESOLUTION

POTENTIAL PROBLEM IDENTIFICATION AND SOURCES OF INFORMATION

- PUBLIC COMPLAIN
- DISPATCH REPORT FORM/TAPES FROM COMMUNICATION CENTER
- PREHOSPITAL CARE REPORTING FORMS
- EMERGENCY ROOM DEPARTMENT CHARTS AND/OR RECORDS
- OTHER EMS PROVIDERS
- PROFESSIONAL MEDICAL ORGANIZATIONS
- TRAUMA REGISTRY FORM
- COUNTY EMS ADMINISTRATION

EMS INFORMATION GROUPS

- 911 DISPATCH COMMITTEE
- NORTH POWDER QUICK RESPONSE TEAM
- SUMPTER QUICK RESPONSE TEAM
- HALFWAY/OXBOW AMBULANCE SERVICE
- RICHLAND/EAGLE VALLEY AMBULANCE SERVICE
- BAKER CITY FIRE DEPARTMENT AMBULANCE SERVICE
- ST. ELIZABETH'S HOSPITAL
- RECEIVING HOSPITALS OUTSIDE BAKER COUNTY

PROVIDER

- 1) STANDARD OF CARE
- 2) RESPONSE TIMES
- 3) EQUIPMENT FAILURE
- 4) STAFFING PROBLEMS

CORRECTIVE SYSTEM

1) County EMS administration shall introduce to the Ambulance Service Advisory Committee a given EMS system problem. The Advisory Committee shall develop recommendations, which meet quality assurance goals and correct the potential problem.

2) The Quality Assurance Committee will review performance as required by the Baker County Court or the State of Oregon. Written reports will be delivered to the ASA Representative for review by the County Court as determined by the County Court.

3) The Quality Assurance Committee will review performance of service providers as above or as complaints or concerns are presented from problem identification sources or other information networks.

4) The Quality Assurance Committee shall send letters to entities responsible to identify problems and recommended corrective action. A follow up report of the outcome will be requested within a period of time specified.

5) Problems identified with the system, as opposed to individual providers, will be communicated to the QA Committee along with recommendations which will meet quality assurance goals and provide corrective actions.

SANCTIONS FOR NON COMPLIANT PERSONNEL OR PROVIDERS

The Baker County Court will review the recommendations of the QA Committee and establish appropriate sanctions for violations. Sanctions may include, but are not limited to, time-specific notification of needed response, fines or withdrawal of provider designation.

PLAN ADMINISTRATION AND REVISION PROCESS

The following procedure describes the process for updating this plan, including reassignment of ambulance service areas, providers, and acceptance of requests for assignment by new providers, including requests for revocation of a service area assignment.

- 1) The ASA Representative receives or initiates a request.
- 2) Concerning assignment or reassignment of service areas, a provider selection committee consisting of five at-large persons not connected to the provision of ambulance service in Baker County shall be appointed by County Court or its designee."
- 3) The duty of this committee shall be to review a specific service area assignment and make a recommendation to the Baker County Court. Term of appointment for this committee shall be for the duration of the review process.
- 4) In cases other than service area assignments the QA committee shall review all pertinent information and assist the ASA representative in developing a recommendation to the County Court.
- 5) The Baker County Court conducts a public hearing and takes action on the request. All decisions shall comply with ORS 823.010-823.990.

COMPLAINT REVIEW PROCESS

The following describes the process for receipt of input from the prehospital care consumer, provider and the medical community.

- 1) The County Emergency Management Director or designee receives written comments or complaints.
- 2) The Baker County Ambulance Service Quality Assurance Committee reviews all pertinent information and assists in the development of a response or recommendation as appropriate.
- 3) A recommendation is presented to the QA Committee for acceptance and communication to all interested parties.
- 4) Adoption of corrective action and monitoring process is implemented as described elsewhere.

PROVIDER PROFILE

HALFWAY and OXBOW AMBULANCE SERVICE

During recent years the Halfway and Oxbow ambulances have been run by the Halfway Veterans of Foreign Wars Chapter. Due to administrative, financial and regulatory problems they realized the service was in jeopardy. They requested the Pine Eagle Health Planning Committee assume responsibility for ambulance operations. The committee consists of elected community members and is dedicated to providing health services to the community. The committee successfully operates the Pine Eagle Clinic and the clinic's administrator is Roger R. Sanders, Family Nurse Practitioner.

STAFFING

See enclosed EMT roster

EQUIPMENT/INVENTORY

See enclosed list

SUPERVISION

Regular meetings are held with the supervising physician and all EMT'S. These meetings include case review and continuing education programs.

FINANCIAL

See Halfway/Oxbow Ambulance Service records.

PROVIDER PROFILE

BAKER CITY FIRE DEPARTMENT

The Baker City Fire Department is a city based public service provider. They provide BLS service to all of western Baker County and that part of the county to the east of Baker City as noted in boundary descriptions elsewhere. They have paid EMT's available on a 24 hour a day basis. The system is funded by Baker City and occasional donations.

STAFFING

See enclosed roster.

INVENTORY

See enclosed EMS sheet 53-330 (4/82)

EQUIPMENT

1-1982 FORD GROUND AMBULANCE

1-1986 FORD GROUND AMBULANCE

See enclosed licenses.

SUPERVISION

Regular meetings are held with physician supervisor and staff. These meetings include continuing education, training and case review.

FINANCIAL

See Baker Fire Department records.

PROVIDER PROFILE

RICHLAND AMBULANCE SERVICE

The Richland Ambulance Service is a volunteer community-based service also known as the Eagle Valley Ambulance System. 24 hour per day service is available by volunteer EMT 1's. Patricia Matheson is the coordinator of the service in Richland.

STAFFING

See enclosed roster.

EQUIPMENT

1-DODGE VAN GROUND AMBULANCE

INVENTORY

See enclosed list

SUPERVISION

Regular meetings are held with the supervising physician to review cases and conduct training exercises.

FINANCIAL

See Richland Ambulance records.

VEHICLE EQUIPMENT STANDARDS

Each ambulance shall be equipped, at a minimum, in accordance with ORS 823.010-823.990 and Administrative Rules 333-28-050 (1) (b) through 333-28-050 (2).

EQUIPMENT CHECKLISTS

Each licensee shall maintain an equipment checklist for each vehicle. The crew shall use this checklist to verify that all required equipment is on the vehicle and in proper working order.

EQUIPMENT ON BASIC LIFE SUPPORT AMBULANCES

Each basic life support (BLS) ambulance shall be equipped, at a minimum, in accordance with the requirements of the Office of Emergency Medical Services, Oregon Health Division.

EQUIPMENT ON ADVANCED LIFE SUPPORT VEHICLES

Each advanced life support (ALS) vehicle shall be equipped, at a minimum, in accordance with the requirements of the Office of Emergency Medical Services, Oregon Health Division.

ADDITIONAL STATE STANDARDS

The standards contained in these rules shall be considered to be minimum standards. In the event additional (i.e., more strict) standards are required by State Law, those standards shall also be met by licensees.

EMT TRAINING

Blue Mountain Community College is the primary institution of learning used by EMT's in Baker County for recertification and continuing education. Seminars, in-house training sessions and instruction through the supervising physician supplement this educational network.

All providers in Baker County maintain continuing education and recertification standards identified by the Oregon Health Division.

DISCLAIMER

It is the express opinion of the Baker County Court that educational outreach services within the county could be substantially improved. Efforts to improve the delivery of educational services designed to buttress the EMS system in Baker County will be supported by the Baker County Court and the Quality Assurance Committee appointed by the County Court to implement and supervise the Baker County Ambulance Service Plan.

MUTUAL AID AGREEMENTS BETWEEN AMBULANCE SERVICE PROVIDERS

The ambulance providers of Baker County and providers of EMS in peripheral counties recognize the potential that numerous medical response or disasters could create a situation where insufficient resources allow for the effective and efficient operation of EMS in the respective jurisdiction.

To accommodate those times when one ASA is in need of emergency assistance, ambulance provider and first response agencies of Baker County agree to furnish personnel and equipment to any other provider when requested by competent authority and when personnel and equipment are available to respond.

All ambulance providers and first response agencies will maintain compatible radio communications capabilities with the other county ambulance providers and first response agencies to facilitate communications when mutual aid is requested.

All county ambulance providers and EMS first response agencies maintain written mutual aid pacts and agreements.

MUTUAL AID AGREEMENT

RECITALS

1. Each of the entities signing this Agreement is an authorized provider of ambulance services in Baker County, Oregon.

1.1 Each Party desires to obtain the agreement of the others to attempt to provide backup ambulance service in its area of assigned service in the event its unit(s) are out of service, or the demand for service in its area exceeds its capacity, or when the location of the emergency and the units available to respond indicate that a unit from outside the service area can better respond.

NOW THEREFORE, in consideration of the mutual promises made herein, the Parties agree as follows:

2.1 Each Party will make its licensed ambulance equipment and

scheduled ambulance personnel and/or quick response teams and equipment available to respond to dispatch calls for service in the geographic areas assigned to the other Party on the following basis:

(a) Requests to respond shall be limited to instances when either:

(1) The number of calls to be dispatched in the designated provider area exceeds the number of in-service units of the designated provider at the time; or

(2) The dispatcher for the relevant area determines that the current location of a unit normally not assigned to the designated area will enable it to respond to the request in a more timely manner than any of the units normally assigned to respond in the designated area. The dispatcher's decision shall be the sole determinant of the right to request assistance at the time, but its propriety may be reviewed by the Baker County Ambulance Service Quality Assurance Committee if abuse of the privilege is charged; if more than one abuse is found to have occurred by a particular dispatch site, it shall be grounds for immediate termination of the aggrieved Party's duty to respond to requests from that dispatch site in the future.

(b) The obligation to respond shall be subject to reasonable availability of an in-service unit of the receiving party at the time the call is received;

(c) No Party shall charge or make any claim against any other Party for any payment by reason of its response to a request for service pursuant to this Agreement;

(d) Any Party providing service pursuant to this Agreement may directly bill and collect from the patient (or any responsible person e.g. adult) for costs associated with transport, but shall do so at its own regularly established rates for the service and distances involved;

(e) The Party originally assigned to service the designated area shall not seek to bill or collect any charge from patients or other patient-related entities when the dispatch has been assigned to another Party in accordance with this Agreement.

(f) Any Party responding to a call pursuant to this Agreement shall hold the Party requesting such service harmless from any claim or damage arising from the manner in which it responds or renders care once the dispatch has been transferred to and accepted by it, but this provision shall not apply to any claims arising from alleged delay or other misconduct in handling of the call prior to its acceptance by a Party providing backup coverage. Each

Party agrees to maintain not less than \$ liability insurance applicable to its activities hereunder.

2.2 This Agreement shall have a term of two (2) years and shall renew automatically thereafter in two-year increments except as to any Party which gives written notice of its intent not to renew at least 90 days prior to the renewal date. If any party gives such notice, any other party may give notice up to 75 days before the renewal date. Any Party may terminate its participation herein during the course of any term by giving 60 days' notice in writing to all other parties, and in such event all remaining Parties shall continue to participate unless and until they give notice.

2.3 This Agreement sets forth all the terms of the Parties' Agreement on the subjects contained herein and supersedes all prior agreements, contracts, understandings, representations, and warranties, whether written or oral, express or implied.

2.4 Each Party agrees to notify all other Parties in advance of any proposed change in its radio communication system or capabilities, in the interest of facilitating compatible systems.

2.5 This Agreement shall be deemed signed and effective as of -----1991.

DISASTER RESPONSE PLAN

- 1) First response and dispatch responsibilities determined by geographic area.
- 2) ALS notified if needed.
- 3) Other responders notified in accordance with Mutual Aid Agreement, if necessary.
- 4) Triage officer appointed from highest qualified emergency service provider on site.
- 5) Triage officer sorts patients for priority care and transport.
- 6) In event that resources of responders are being depleted, appropriate Baker County agencies will be notified.

RADIO SYSTEM

EMERGENCY RADIO COMMUNICATIONS SYSTEM STANDARDS

- 1) Public Safety Answering Points (PSAP'S)
 - A) Communications centers shall be restricted to authorized persons only.
 - B) Communications centers shall meet State Fire Marshall standards and any future State or county standards.
 - C) Radio Consoles shall have the capability to communicate on frequencies 155.340 KHZ (Ambulance Hear Frequency) and 155.700 KHZ (TAC 1 Police Frequency.)
 - D) Ambulances: All ambulances shall be equipped with an 80 watt or greater multi-channel mobile radio.
 - 1) All ambulances shall contain one five watt, portable hand-held radio with a minimum of two channel capability.
 - E) All calls to the 911 PSAP shall be recorded with a 24 hour timed-taped device, capable of playback to the desired second.
 - F) The communications center shall store the 24 hour timed tapes for no less than seven months.
 - G) The communications center shall be equipped with a back-up power source capable of maintaining the functions of the center.

RECEIVING HOSPITAL COMMUNICATIONS

The purpose of contacting the receiving hospital is to provide notification to the facility prior to the arrival of an emergency patient. The communications shall be in plain language, short and concise, providing enough information so that the hospital will have a general idea of the patient's condition and type of injury or illness.

PROCEDURE

The format to report to the receiving hospital is as follows: Unit number, age and sex of patient, condition of patient, vital signs, treatment rendered at scene and enroute, estimated time of arrival at hospital.

DISPATCHER TRAINING

The Baker County Sheriff's Office operates the county-wide 911 emergency communications center. Training in accordance with the "Dispatch Training Manual" is the responsibility of this department. Training begins with an initial probationary period and trainees are not assigned to regular duties until training is completed.

AMBULANCE SERVICE PROVIDER SELECTION

The Baker County Court has the authority to assign ambulance service areas in compliance with ORS 823.180 to 823.200. Applications by new providers and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, welfare and safety.

INITIAL ASSIGNMENT OF SERVICE AREAS

BLS service is provided in Baker County by volunteer organizations or in the case of Baker City, the Fire Department. No providers other than those currently offering the service have expressed any desire to offer such a service, and based on the limited number of runs it is very unlikely that such requests will be received.

REASSIGNMENT AND APPLICATION FOR AN ASA

The following procedure describes the process for reassignment and application for ambulance service areas.

1. The ASA Representative for Baker County shall cause notice of the availability of a service area to be published under either of the following conditions:

1) Upon notification of at least 60 days that a current provider will no longer be providing service; or

2) Upon notice by the County Court that service area assignment will be revoked.

2. The publicized notice shall set a deadline by which applications must be submitted for a new assignment of the ASA.

3. A Request for Proposals (RFP) document developed by the ASA representative under supervision of the County Court and legal counsel shall be the method of recruitment and basis for decisions.

4. A Provider Selection Committee to consist of five at large non service providers or persons who will not benefit from the decisions will be appointed by the County Court. The duty of the committee will be to review and make recommendations to the County Court. Duration shall be for the length of the assignment.

5. Recommendations are made by the committee to the County Court for consideration.

6. The Baker County Court conducts a public hearing and takes action on the request.

NOTIFICATION OF VACATING AN ASA

Provider agreements and contracts shall call for a 60 day written notice of intent to vacate service of an ASA. (See attachments)

MAINTENANCE OF LEVEL OF SERVICE IN ASA

If notice of vacation of an ASA is received, the Baker County Court will make every effort to secure replacement services in a timely manner to insure uninterrupted ambulance service to the citizens of Baker County. Possible funding sources may be a county wide operating levy or tax base. Another option is a membership program which charges subscriber fees. Another option would be solicitation of a replacement service to be funded by user fees.

DISCLAIMER

The Baker County Court is not responsible for funding any of the activities described in this plan. Baker County has developed this plan as a method of regulating and monitoring service providers as prescribed by Oregon Law. This plan neither obligates Baker County to fund ambulance service or to provide service in the event an existing service is vacated and cannot be filled through the RFP process described above.