

WCEMSA Administrative Rule QUESTIONS AND FEEDBACK: Proposed WC Administrative Rules Changes/EMS Section

500-200

Hillsboro:

- I'll start with the easy one first: 500-200. I am in favor of adopting the fourth section/version with the new language plus the minor language changes.

500-300 Open Process for Selection of a New Franchise Provider

TVFR: 500-300 B) 2) f)

- In Alliance forums, we've talked about incorporating a focus on clinical performance for the County's EMS system. Would it make sense to add "clinical performance/competence" to the list of information/minimum standards that an RFP response should address?

Hillsboro: 500-300 B)2)f)

- I don't think the measurement of clinical performance fits with the other items listed here. The current list of items are the bidder's structure and program baselines, not performance-based measures

WCEMS response:

- The list of items in 500-300(B)(2)(f) is the *minimum* standards and subjects to be covered in an RFP. Rather than creating a "laundry list" of items that should be minimally proposed, 500-300(B)(2)(i) allows for other subjects of importance (i.e. clinical performance/competence, clinical outcomes) to be incorporated into the RFP.

TVFR: 500-300 C)

- There are similarities in this section to 200-110, where we had discussions about whether "sole provider" was the correct wording. To be consistent, should/will the wording in this section around "exclusive right" be handled in a matter consistent with 200-110?

Hillsboro: 500-300 C)

- Sole provider and exclusive right to be the provider are the same to me, so I think regardless of the wording these matters will be handled consistently. Change for the sake of change in my opinion, but I can live with the change if it provides consistency in terminology for the larger group

WCEMS response:

- Agree on consistency in language. The language chosen should reflect the intent to reference the franchised/contracted provider of emergency ambulance transport services. Language has been proposed and adopted to distinguish fire service-based emergency ambulance transport services as well.

500-400 Standards of Default

TVFR: 500-400

- Can expand a bit on your margin comment shown in the snip below. Uncertain if this section is proposed to stay the same or change? Has there been a determination on what is or isn't to stay in the ARs?

500-400 Standards of Default

Unless otherwise allowed for in a written approval by WCEO of a trial, pilot project, accommodation, exemption or waiver, the designated emergency ambulance provider may be found in default of the franchise agreement for any one or more of the following:

Commented [TC108]: Should this section give reference to and be defined in the FA? See subsection (P) or vice versa?

Is this a County requirement to have standards of default in AR?

Is there anything that needs to be in AR that is non-negotiable?
If everything can be negotiated, then it doesn't need to be in AR

Hillsboro: 500-400

- I agree if terms are negotiable, they should be in the FA and not the AR. If it is not a requirement of the County to have standards of default in AR, they should be in the FA instead. And from a consistency standpoint, not in both documents

WCEMS response:

- This note was the result of somewhat of an existential conversation had by the WCEMSA Gov. Doc. group as we reviewed this section. It had its base in preventing "laundry lists" being in Administrative Rules in favor of more concise language. Standards of Default explicitly belong in one document with citations where appropriate to avoid conflicting language. I believe this is a topic better addressed by our legal department and it will be lifted-up to them.

TVFR: 500-400 J)

- If we are reading paragraph J) right, a period of grace time will be given on response time compliance when response areas change, allowing for modification of the SSM and deployment plan. Does this apply to response times in just the new or adjusted areas or across the entire ASA?
- Also, when the response areas change, does this trigger an assessment and adjustment as needed of the number of required emergency transport units?

Hillsboro: 500-400 J)

- question 1: the grace time should only apply to the new or adjusted areas
- question 2: response area changes should trigger an assessment of the needed number of emergency transport units

WCEMS response:

- Yes, if a response time zone were to change, the grace period to adapt the SSM and deployment plan would be for that zone in which the modification occurred.
- More clarification is needed for this question. Are you referring to the minimum County staffing level (4 ambulances)? Otherwise, it seems that the modification of the SSM and deployment plan would incorporate an assessment of the needed number of emergency transport units to fulfill the new time zone requirements.

TVFR: 500-400 K)

- Looking for some clarification – this paragraph is titled “Failure to Dispatch” and according to Tim’s related margin comment is referenced as “failure to respond” within the franchise agreement. The time stamp for dispatching a call is different than when the unit is in response. The wording of this paragraph references inability to “respond” within 10 minutes on a code 3 call. As we discussed in the training session, in some cases, dispatching and response by units doesn’t necessarily ensure arrival – and the overall goal is quick arrival. Is the 10 minutes specific to just responding? What is the time standard for arrival?
- Also, how is compliance to the time standards in this paragraph tracked?

Hillsboro: 500-400 K)

- Failure to dispatch and failure to respond are two different things. If we change the word ‘respond’ to ‘dispatch’ in the ‘defined as’ section, that might clarify this section is specific to failure to dispatch.

WCEMS response:

- It is agreed that “failure to dispatch” and “failure to respond” are two different things. I posit that changing the word “dispatch” to “respond” would clarify the intent of this section, especially in subsection (1). The time standard for arrival is either 8, 11, or 30 min depending on the zone.
- The compliance to this standard is captured through the monthly compliance data reporting.

500-500 Response Time Areas

TVFR: 500-500 A)

- Paragraph A) references “the Washington County EMS Response Time Zones map”. Would County staff be willing to present that map to the Alliance at a future meeting to learn more about it?

Hillsboro: 500-500 A)

- The map is in the ASA, will be shared in an upcoming meeting as we review the ASA

TVFR: 500-500 C)

- When the medical directors and QI/QA reviewers consider clinical outcomes in the WC EMS system, the entire picture of care is important to understand – including how long, in total, it took for the system to get care to the patient. Please provide more information on why the transfer time between the MWA call center and WCCCA is not factored into the total response time calculation?

Hillsboro: 500-500 C)

- This is a good point, total response time should include this. But it must be understood that call receiving and processing time data from WCCCA will also be a part of the system assessment so we should remain consistent in the call taking and processing standards for both WCCCA and MWA

MWA: 500-500C

- has rounding of times and I believe this should only be rounded to the second not minute.

WCEMS response:

- It’s agreed that this time interval is important to measure, as are all time intervals during the life cycle of the 9-1-1 response. This time interval, time from call answer to dispatch, is not part of the response time calculation if the incident were generated through the PSAP, therefore should not be considered if the call is received at the Franchisee’s communication center. Section 500-500(C) addresses unit assignment and response time calculations. In this section, it is stated that the time calculations for response time start when the provider is notified of the call via CAD interface or at time of on-air dispatch if the interface is down. There is no citation of call answer, triage, or generation time interval.
- Agree that rounding of times should be to the second rather than minute.

TVFR: 500-500 F)

- Winter weather is challenging for all – being properly equipped can mitigate the impact on the system. What are the expectations/rules around licensed emergency response units being properly outfitted for winter weather?
- Would the County staff be willing to present on “the WCEMS Response Time Compliance Process” at an upcoming Alliance meeting so we can learn about it? Is it different than the 18-month assessment process?

Hillsboro: 500-500 F)

- I don't think tire chains capability is too much to ask from any emergency ambulance provider

WCEMS response:

- Agree that timely chaining of tires can have significant impact on overall system readiness in the event of snow and ice. Section 500-500(F) discusses suspension of response time requirements in the face of overly adverse weather events or man-made disasters. Vehicle equipment requirements (i.e. tire chains) would be better suited in Section 400-300, perhaps as its own subsection. As it currently stands, tire chains or adverse weather equipment is not required under State OAR 333-255.
 - To note, tire chains are required equipment on the ambulance licensing inspection form.
- The monthly response time compliance process is different than the 18-month review process.

TVFR: 500-500 G)

- How is the interference with provisions of emergency paramedic ambulance service as called out in G) determined?

Hillsboro: 500-500 G)

- Shane Ryan has shared with me the criteria MWA uses for prioritizing emergency ambulance availability when an ambulance unit is already dispatched to a non-emergency transport, but I don't know if that information is written anywhere. MWA's criteria will be an important part of the consolidated dispatch roll out and evaluation

WCEMS response:

- In my opinion, this should be managed through set thresholds of availability to accept non-emergent requests for service that are outside of the 9-1-1 system, yet utilize 9-1-1 resources. For example, System Status level 8 needs to be met prior to using 9-1-1 resources. These criteria seem best accounted for in the MWA Comms. Center Guidelines as the threshold would likely be amended periodically based on various system factors.