Fire Based EMS

Policy
Fire Departments are public entities and their policies are governed by elected officials. Responders / employees are sworn, civil servants.

Funding
Must comply with all federal and state governmental financial rules. Complete transparency of all funds, annual auditing, and a citizen budget review committee are some of the processes in place, ensuring appropriate use of funds. All revenue is invested back into the system.

Property Tax
Steady source of revenue that funds public safety.

Transport
All transport revenue is reinvested into the system. Only the transport fee charged to private insurers or the uninsured is higher than Washington County but is more reflective of the true cost of the EMS system. Fire based EMS transport requires minimal County oversight due to being a governmental entity. There are almost no County administrative fees.
**Membership**
Membership (FireMed) is less about revenue and more about providing citizens an affordable method of ambulance transport. Fire Departments can use this as an opportunity for public education, and as a means to alleviate the influence of cost in a patient’s decision for transport when facing a life threatening emergency.

**Integrated Operations**
In fire based EMS, the entire incident from activation of the 911 system to arrival at the emergency department is serviced by one completely integrated system.

**Station/Unit Deployment**
Fire departments deploy stations and units based on large amounts of data. The system is dynamic, and units are moved as call volume increases to best cover the community and meet response time standards. (Example: Hillsboro Fire Department has a four-minute standard.) This system is more expensive than system status management (common private ambulance deployment) due to the cost of infrastructure and a less efficient use of units. Fire department deployment focuses more on staying ahead of resource demands or “readiness”, and less on optimized day-to-day unit hour utilization.

This infrastructure is beneficial for equipment maintenance, storage, crew training, and improved working conditions. The facilities are designed to withstand earthquakes and other natural disasters, and capable of independently supporting operations for a minimum of two weeks.

**Communication**
Communication systems are integrated with all responders: cell phones, text messaging, contact lists, language line, tablets, MDT's, radios, email, internal websites, learning management systems, device applications, response aids, etc.

**EMS Program Management**
All of the EMS programs are managed by one organization. The apparatus and equipment are virtually identical across the service area, creating consistency and improved performance. The data collection system, data repository, and QI process are fully integrated. This provides a reliable measurement of system and individual performance, providing valuable information that influences system design strategies. One medical director provides a consistent message and application of the protocols.

**Personnel Management**
All personnel receive the same training and work within the same performance management system.
In the 1970’s and 80’s, EMS was like the wild west with very little regulation and fierce competition between multiple ambulance companies. At the same time, fire departments were focused on fire and rescue with a minimal amount of energy spent on emergency medical service (EMS). Some public safety agencies did provide higher levels of EMS including transport, but only in the absence of a private provider. This lack of policy led to ambulance wars. Literally! Because ambulance transport is a “fee for service” the only way for a private provider to generate revenue was to “fight” for transports which meant whoever could get there 1st and transported the patient “wins”. Pre-hospital treatment was limited, not regulated and not supported by evidence-based research. The policy makers at the time recognized the need to stop the wars and created ORSs & OARs that
established ambulance regulations and gave counties authority to administer ambulance transport through ordinance and Ambulance Service Area plans (ASA). The ordinances and ASA served as a peace treaty.

**County ASA**
The ASA plan identifies geographic areas of service that are served by the transport franchise holder. This exclusivity and sole responsibility for all transports within the state ended the day to day ambulance wars. In areas that were not profitable 1st Responders and fire departments assumed by default the ASAs because public safety agencies benefit from tax revenue and could support the service. In areas that were profitable private providers were awarded the ambulance contracts. The initial policy framework has remained the same since it's inception despite massive change in healthcare, which is one of the most rapidly evolving business sectors in our country.

While the County Ordinance stayed the same for two decades pre-hospital care underwent a revolution. The “load and go” transport model has evolved into a sophisticated system of data-driven resource deployment, intelligent 911 PSAP, regional CAD dispatching with real-time unit locations and evidence-based pre-hospital care treatment that brings the emergency department into the community for the most critical emergencies. The drive for better patient outcomes has advanced both the private and public EMS providers capabilities to treat a broader patient type from the critically ill to a growing number of low acuity patients. The original policy language focused only on exclusive transport with outdated measurements of performance, and when awarded to private providers, has created an environment with public and private silos in some counties. The loss of efficiency and effectiveness of resources inherent with silos has created the very opportunity that can build massive trust and relevance in our communities, by changing policy framework that builds a “system” designed to serve the community, and leverages all available public and private resources.

**Yamhill**
Exclusive Public Safety/Fire Department ASA franchise

**Washington**
Exclusive private ASA franchise

**Lane**
Public safety ASA emergency transport and sub-contracted non-emergent to a private provider

**Deschutes**
Exclusive Public Safety/Fire Department ASA franchise

**Clackamas**
Private ASA franchise and sub-contract to Fire Departments for some emergency transport