

Washington County Emergency Ambulance Services Franchise Agreement

Monthly Performance Assessment

November 2014

Monthly Performance Assessments provide for real time monitoring of the EMS system for the County, and serves as a feedback mechanism for Metro West Ambulance. Compiled data from these reports represent Metro West Ambulance's performance for each metric listed. These monthly assessments are compiled and serve as the basis for determining compliance in the Franchise Agreement's 18 month Periodic Assessment.

Exceeds 94%
Exceeds 92%
Exceeds 90%
Meets Standard
Meets w/ Notation
Fails to Meet

1	Requirement: Reference: Comments:	90% Overall County Response Time Washington County EMS Administrative Rule 500-500(c) 89.51% 91.61% (with CART Pilot Data)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Requirement: Reference: Comments:	88% in Central Equity Zone Response Time Washington County EMS Administrative Rule 500-500(c) 90.24%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Requirement: Reference: Comments:	88% in North Equity Zone Response Time Washington County EMS Administrative Rule 500-500(c) 90.88%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Requirement: Reference: Comments:	88% in South Equity Zone Response Time Washington County EMS Administrative Rule 500-500(c) 87.97% 96.78% (with CART Pilot Data)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Requirement: Reference: Comments:	88% in West Equity Zone Response Time Washington County EMS Administrative Rule 500-500(c) 88.87%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Requirement: Reference: Comments:	Monthly Unit Hour Utilization Rate at 0.4500 or less Washington County Franchise Agreement: Section V., A., 3. 0.3744	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Requirement: Reference: Comments:	Ambulance Dispatched within 60 Seconds of Receipt Washington County EMS Administrative Rule 500-500(b) 9	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Requirement: Reference: Comments:	No More than 1% of Responses Handled by Another Agency Washington County Franchise Agreement: Penalty Schedule, Appendix A ARMUP Responses = 1	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>