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.

1. Requirement: **90% Overall County Response Time**
   - Reference: Washington County EMS Administrative Rule 500-500(c)
   - Comments: N/A
   - Result: X

2. Requirement: **88% in Central Equity Zone Response Time**
   - Reference: Washington County EMS Administrative Rule 500-500(c)
   - Comments: N/A
   - Result: X

3. Requirement: **88% in North Equity Zone Response Time**
   - Reference: Washington County EMS Administrative Rule 500-500(c)
   - Comments: N/A
   - Result: X

4. Requirement: **88% in South Equity Zone Response Time**
   - Reference: Washington County EMS Administrative Rule 500-500(c)
   - Comments: N/A
   - Result: X

5. Requirement: **88% in West Equity Zone Response Time**
   - Reference: Washington County EMS Administrative Rule 500-500(c)
   - Comments: N/A
   - Result: X

6. Requirement: **Monthly Unit Hour Utilization Rate at 0.4500 or less**
   - Reference: Washington County Franchise Agreement: Section V., A., 3.
   - Comments: N/A
   - Result: X

7. Requirement: **Ambulance Dispatched within 60 Seconds of Receipt**
   - Reference: Washington County EMS Administrative Rule 500-500(b)
   - Comments: N/A
   - Result: X

8. Requirement: **No More than 1% of Responses Handled by Another Agency**
   - Reference: Washington County Franchise Agreement: Penalty Schedule, Appendix A
   - Comments: N/A
   - Result: X