

Decision Points

Action Item	Responsible Party	Original bureau estimate for Completion	Timeline	Status	Summary	Key Decisions & Next Steps
1 Add Trauma 3 to select Type 3 EMS calls that RRVs respond to in home FMA.	PF&R and Multnomah County Medical Director	1-2 months	5/2/16		Complete. Trauma 3 added to list of Type 3 EMS call types for RRV Unit response on 3/2/16. RRVs appear to be successfully absorbing the additional workload of one call/day. Response reliability has increased in FMA 7 and 19, decreased on 11 and 24.	<ul style="list-style-type: none"> • What is the bureau's initial assessment of this operational change? • How will continued impacts of the operational change be reported?
2 Add additional Service calls and Type 3 EMS calls to RRVs' workload after evaluation to determine if appropriate.	PF&R and Multnomah County Medical Director	3-4 months	5/2/16		Not Started. PF&R is awaiting more results from the addition of Trauma 3 before adding more calls to RRV workload. PF&R is also evaluating the appropriateness of other call types for 2-person crews.	<ul style="list-style-type: none"> • How long will the Trauma 3 addition be evaluated before pursuing additional call types for RRVs? • Which EMS or service call types would be most appropriate for RRV response? • What are next steps for assigning additional service or Type 3 EMS calls to RRV units?
5 Extend RRV responses into Gresham area of FMA 31.	PF&R, Gresham Fire, Multnomah County Medical Director	6 month- 1 year	Progress check: 5/2/16		In progress. FMA 31 covers part of Portland and part of Gresham. Engine 31 is currently PF&R's busiest engine. Portland staffs two of the three shifts and Gresham staffs one shift in the rotation. During PF&R's shifts, PF&R RRVs respond to RRV type calls within the City of Portland, but not within the City of Gresham. This action item proposed to evaluate the benefit of extending PF&R's RRV response into the Gresham portion of FMA 31.	<ul style="list-style-type: none"> • Does the City want to expand the current RRV range to include FMA 31? • Does the City want to add an RRV for Station 31, potentially on a peak demand model? • What is the 'Ask' of the City of Gresham?
6 Add additional RRVs to operate during peak demand hours.	PF&R, Council (budget decision)	1 year	Progress check: 5/2/16		Not Started. Item is to add RRV units to operate on peak demand, 10-hour shifts to areas of the city with the greatest need for an RRV, and where an RRV would have the most impact. PFR is beginning the data collection and analysis for this action item.	<ul style="list-style-type: none"> • What is the desired optimal workload for RRVs as it relates to system response reliability and response times for four-person crews? • How would the City implement a change in current RRV staffing models?

Updates

Action Item	Responsible Party	Estimated Completion	Timeline	Status	Summary	Questions
3 Utilize AVL (automatic vehicle locator) to assign RRVs to select Type 3 calls within 5 minute travel time (including calls outside of their FMA). PF&R will work with BOEC to implement.	PF&R		5/2/16		In progress. The focus has shifted to an option that could significantly restructure service delivery in the bureau. BOEC's system does not allow a portion of Type 3 calls to be dispatched by AVL. Instead, PF&R is currently working with BOEC to create a model for consideration to have all PF&R calls to be dispatched by AVL.	<ul style="list-style-type: none"> • Should PF&R consider pursuing AVL dispatch for all call types? • What would the timeline be for this operational change?

Update on Progress: PF&R Rapid Response Vehicles

Action items to expand capacity for EMS calls for service

June 10, 2016

Updates

Action Item	Responsible Party	Estimated Completion	Timeline	Status	Summary	Questions
4 Improve training on incident data entry & ready time.	PF&R	6-8 mo.	Progress check: 5/2/16		Not started. In calendar year 2015, 35% of EMS calls responded to by RRVs were canceled or medical standby/no care provided. The current data overstates the number of calls that actually fall into this category, and this action item suggested that clearer instructions and training on filling out reports would improve the accuracy of the data.	<ul style="list-style-type: none"> How does the bureau anticipate that additional training will impact cancellation/"no care provided" numbers? How might these changes impact operations?
7 Implement Community Risk Reduction Programs.	PF&R	1-20 years	Progress check: 5/2/16 5/2/16		<p>In progress. PFR is engaging in a number of pilot programs designed to reduce call volume and PF&R response to lower acuity calls, including:</p> <ul style="list-style-type: none"> Home fire inspections Community Health Assessment Team: ADAT Hospital readmissions reduction program 	<ul style="list-style-type: none"> How are these programs currently staffed? Are additional staffing needs anticipated? How does PF&R measure the success of the community risk reduction programs?
8 Expand ADAT (Alternative Destination/Alternative Transport) II to larger portion of the city.	PF&R	6 months	Progress check: 5/2/16		Not Started.	<ul style="list-style-type: none"> For pilot programs with one-time funding that demonstrate success, what are the anticipated future funding needs?
9 Plan for ASA contract discussions - the contract with AMR that is managed by Multnomah County will open in 2018.	PF&R, other?		Progress check: 5/2/16		<p>Not Started. Bureau will provide update of where the early discussions with Multnomah County are at present including the potential to add PF&R Rescue to areas with slow ambulance response times.</p> <p>Potential for reimbursement for transport or services provided by PF&R.</p>	<ul style="list-style-type: none"> What are the key "pain points" from PF&R's perspective in the current contract and the services provided? Should the City pursue change the terms of the current contract for ambulance services? <ul style="list-style-type: none"> If yes, which provisions would the City look to change and why? If there is a desire to pursue contract changes with the ambulance providers, when does PF&R need to have information for proposed changes?